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ABSTRACT

Thirteen papers were selected from presentations made at a 1985 multidisciplinary conference on programing for adolescents with behavior disorders. The following papers are included: "Adolescent Needs and Behavior in the Schools: Current and Historical Perspectives" (S. Braaten); "Programs for Adolescents: What Works and Why?" (J. Lipsitz); "Academic Accommodations for Adolescents with Behavior and Learning Problems" (D. Deshler et al.); "Curriculum Needs: Perceptions of Handicapped Adolescents" (K. Norlander et al.); "Factors Influencing Teachers' Acceptability of Classroom Interventions for Deviant Student Behavior" (T. Turco et al.); "Children's Involvement in Treatment Selection: A Review of Theory and Analogue Research on Treatment Acceptability" (T. Turco et al.); "Preparing Emotionally Disturbed Adolescents for the Mainstream: An analysis of Current Practices" (V. Laycock and S. Tonelson); "Educational Interventions in the Juvenile Justice System" (B. Wolford); "Behavior Problems of Delinquents: Effects of Race, Rater, and Situation Differences on Revised Behavior Problem Checklist Ratings" (G. Pearson); "The Influence of Guided Group Interaction: Positive Peer Culture on Ego Development and Moral Judgement of Juvenile Offenders" (J. Cook); "Analysis of Predictive Research Literature with Adolescent Behaviorally Disordered Students in Public School Settings" (C. Hughes et al.); "A Survey of State Definitions of Behavioral Disorder: Implications of Adolescent Programming" (R. White et al.); "Special Education in France for the Emotionally/Behaviorally Disordered as It Relates to That of the United States" (S. Votel). (CL)

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COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

The Council for Children with Behavioral Disorders is a national professional organization for those interested in the education and well-being of behaviorally-disordered individuals. The Council functions to develop lines of communication and interaction among professionals, disciplines, and organizations; to promote adequate programs for recruitment, training, and consultation; to encourage research and development; to support legislation for services to these children. Toward this end, the Council publishes a quarterly journal, *Behavioral Disorders*, and sponsors national conferences in relation to these interests. An organization of some 5,200 members, the Council maintains central offices at 1920 Association Drive, Reston, Virginia 22091.

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Programming for Adolescents with Behavioral Disorders

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Contents

PREFACE	iii
Adolescent Needs and Behavior in the Schools: Current and Historical Perspectives Sheldon A. Braaten	1
Programs for Adolescents: What Works and Why? Joan Lipsitz	11
Academic Accommodations for Adolescents with Behavior and Learning Problems Donald D. Deshler, M. Lewis Putnam, and Janis A. Bulgren	20
Curriculum Needs: Perceptions of Handicapped Adolescents Kay A. Norlander, Bruce Brettschnieder, and Melvyn L. Reich	31
Factors Influencing Teachers' Acceptability of Classroom Interventions for Deviant Student Behavior Timothy L. Turco, Joseph C. Witt, and Stephen N. Elliott	46
Children's Involvement in Treatment Selection: A Review of Theory and Analogue Research on Treatment Acceptability Timothy L. Turco, Stephen N. Elliott, and Joseph C. Witt	54
Preparing Emotionally Disturbed Adolescents for the Mainstream: An Analysis of Current Practices Virginia K. Laycock and Stephen W. Tonelson	63
Educational Interventions in the Juvenile Justice System Bruce I. Wolford	74
Behavior Problems of Delinquents: Effects of Race, Rater, and Situation Differences on Revised Behavior Problem Checklist Ratings Gwendolyn S. Pearson	87
The Influence of Guided Group Interaction: Positive Peer Culture on Ego Development and Moral Judgment of Juvenile Offenders Jo Ann L. Cook	94
Analysis of Predictive Research Literature with Adolescent Behaviorally Disordered Students in Public School Settings Charlie Hughes, Kathy Ruhl, and Lori Korinek	105
A Survey of State Definitions of Behavioral Disorder: Implications for Adolescent Programming Richard White, John Beattie, and Terry Rose	118
Special Education in France for the Emotionally/Behaviorally Disordered as It Relates to That of the United States Sharon M. Votel	127

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Preface

It has been said repeatedly that the adolescent is a source of irritation for adults, especially parents and teachers. This notion is so pervasive in American culture that adolescence has come to be viewed by many as a time of "storm and stress." To illustrate, parents are frequently warned to get prepared for the exasperation they will experience when their children become teenagers. Teachers often express their frustration with the behaviors of youth, particularly junior high age students. Throughout the century writers (Carr, 1940; Wynne, 1981) have cited statistics (e.g., delinquency rates, drug abuse, illegitimate births, commitments to mental health treatment programs, and suicide rates) which are presented as indicators of increasing problems of and with youth. Concurrently, the generation which elicits such adult concern is also the same young people who are spoken of as tomorrow's leaders and society's hope for the future.

The strain in relations between the adolescent and adult generations is commonly considered to be a phenomenon of our complex modern society. Certainly, the Industrial Revolution and more recently advancements in technology have had considerable impact on how families, schools, and other social institutions shape the behavior and values of youth. However, the "generation gap" is referred to throughout recorded history. For example, Hesiod wrote in the eighth century BC:

I see no hope for the future of our people if they are dependent on the frivolous youth of today, for certainly all youth are reckless beyond words.

... When I was a boy, we were taught to be discreet and respectful of elders, but the present youth are exceedingly wise and impatient of restraints (Committee on Adolescence, 1968, p. 7).

While much attention has been paid to the disconcerting behaviors of adolescents, sensitive youth advocates have been pointing to adults as a source of their problems. Through culturization the adolescent becomes a carrier and interpreter of the traditions and aspirations of our society, but the social challenges of our changing society may have outrun the adjustive techniques with which we equip

them. More than 40 years ago Frank (1944) summarized the circumstance which is still true today. He said:

It must be admitted that our procedures in dealing with youth frequently aggravate their difficulties and intensify their deviations and defeats. It sometimes seems as if schools on the one side and the family on the other were determined to frustrate adolescents — not so much from any conscious desire to block or hurt them, but rather from a lack of understanding and insight and from inability to recognize in the growing boy and girl the emerging young man and woman. (p. 7)

The papers in this book represent a small sample of over 170 presentations made at the second national multidisciplinary conference on programming for adolescents with behavior disorders, held in Pensacola, Florida, in October 1985. This book is a continuation of the goal to reinforce a collaborative exchange among professional groups to better understand adolescent needs and provide more appropriate programs and services. The contents of this volume focus on programming in educational and correctional settings. However, clearly other agencies and the family are very important elements of the social service system for youth and it is my hope that this volume will assist all concerned adults, in various roles, to work cooperatively toward continually improved learning experiences for our troubled youth.

I would like to acknowledge and thank the more than 100 people who helped to organize and facilitate the second national conference on adolescents with behavior disorders, and the presenters who numbered over 200. I would further like to thank the Council for Children with Behavioral Disorders and its editorial staff for endorsing this book and their thoughtful critiques. A special thanks to Bill Evans for his enormous assistance with the conference and to Rob Rutherford and Anne Rhodes for their commitment to the completion of this work.

Sheldon Braaten

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Adolescent Needs and Behavior in the Schools: Current and Historical Perspectives

Sheldon Braaten

Adolescents are continuously being judged in our culture. Adolescence is perceived by many as a difficult time for both the youth and society. Throughout recorded history there are references suggesting considerable ambivalence in the view of adults toward individuals in their second decade of life. Attitudes range from concern, apprehension, and condemnation to a kind of admiration and approval. Some regard adolescents as a deviant subculture that challenges adult values and mores, while others speak of adolescents as our hope for the future. In the literature some sensitive writers and scholars have been articulating the issues of adolescents and advocating for a better understanding of their needs, while others focus on the "storm and stress" that is believed to be associated with adolescence. In general, the adolescent, according to a report by the Group for the Advancement of Psychiatry (1968), "just by being and behaving, stirs up anxiety, consternation, and alarm in parents and adults" (Committee on Adolescence, p. 95). This report was prepared for the purpose of questioning assumptions of turbulence and stress in adolescence and to seek an understanding which might increase rapport between adolescent and adult generations. However, they concluded that communication between the generations is so difficult that many professionals doubt these differences can be bridged. Further, they stated that many feel "the most that can be hoped for is mutual tolerance, sincere negotiation, and a relatively peaceful coexistence" (p. 102).

As an administrator of a special school for adolescents with severe behavior problems, I frequently receive comments such as, "That must be very difficult. How can you do it? Adolescents are so awful. The schools are getting worse." While these are not direct quotes, they represent the essence of common perceptions among adults of adolescents and, in particular, their behavior in schools. Three themes reflecting general views towards adolescents consistently surface: (a) Adolescents are "normally" difficult and almost impossible if they have severe problems; (b) behavior in schools is bad and getting worse; and (c) anyone who will or can work with them must be a "saint".

The purpose of this paper is to review student problem behavior in secondary schools in the more general contexts of adolescent development, school organization, and social concomitants. I will refrain from focusing on those students with the most serious problems and examine more specifically student responses to school environments and the efforts to provide more meaningful educational experiences.

The Seeds of Conflict

There exists among us a subject population as diverse in ethnic and socio-economic composition as the nation itself. In increasing numbers, its members are conducting a stubborn, sometimes explosive, struggle for liberation. Their goal . . . is quite revolutionary. They want their constitutional rights. (Hentoff, 1973, p. 68)

Writing in the midst of the "student revolution" of the 1960s and early 1970s, Hentoff linked the revolt of "sequestered youth" learning how to be free to the oppressive and prison-like structure of secondary schools. Throughout, student disruptions are legitimated in light of court decisions which have found school policies to be in violation of the constitutional rights of young people. Wayne (1973) leveled an even broader attack on the schools:

I believe youth are largely dissatisfied because they are deprived of a chance to grow up — to grow up by being given serious real responsibilities to do real things; by working in close association with seriously concerned adults; by being given real power and responsibilities . . . by being allowed to laugh, get angry and cry during the day. The restrictions that schools place on the emotions of youths in school are far harsher than any of the restrictions any boss would dare place on adult workers. (p. 91)

Another critic, Silberman (1970), said:

Because adults take schools so much for granted, they fail to appreciate what grim, joyless places most American schools are, how oppressive and petty the rules . . . how intellectually sterile and esthetically barren the atmosphere, what contempt they unconsciously display for children as children. (p. 10)

If one accepts the thesis of these writers, it would take little analytical skill to come to some conclusions about causes of student behavior problems in schools. In Silberman's view, we do have a real crisis. However, he is not so simplistic as to assert that the situation is worse now than it has been in the past. Instead, he places the achievements of the American educational system into the context of a paradox — "The more men sense the possibility of improvement . . . they become dissatisfied with their situation and rebel against it" (p. 19).

The issues and debates related to adolescent behavior in the school and the community are not new, nor are attacks on the schools and their treatment of students. Silberman quoted John Amos Comenius from the *Great Didactic*, 1632:

Teachers almost invariably take their pupils as they find them; they turn them, they beat them, card them, comb them, drill them into certain forms, and expect them to become a finished and polished product; and if the result does not come up to their expectations (and I ask you how could it?) they are indignant, angry, and furious. And yet we are surprised that some men shrink and recoil from such a system. Far more is it a matter for surprise that anyone can endure it at all. (p. 113)

On the other side, student conduct has long been viewed as a problem to educators. Kett (1977), in his historical review of adolescence in America, devoted a chapter to "order and disorder" in the 19th century. In the early part of the century one form of student disruption called a "carrying-out" or "barring-out" of the schoolmaster was so common that some regarded it as a community ritual. In the practice, the teacher was either physically carried out of the school or barred until he would allow the students to have the day off. While usually it was little more than a humorous prank to get a day off, sometimes it was a forceful response to a brutal master. While this behavior was common, according to Kett "Even in the absence of turnouts, disorder . . . was routine in district schools" (p. 48).

Prior to the Civil War many college students were teenagers and their life was described by Kett as a "mixture of deference, discipline, and authority on one side and 'great rout, riot, and disorder' on the other" (p. 51). Speaking about the same era, Coleman et al. (1972) said, "college life was characterized by frequent eruptions; the degree of disorder was probably greater than anything which has occurred since" (p. 16). The major point here is that while schools have been harshly described, there is much evidence that student conduct was a significant problem for teachers.

Much as it is today, discipline was a major issue of the 19th century. It was often harsh and swift. Humiliation was a favorite tactic and there was little reservation about the use of corporal punishment. To manage disruptive behavior, "severity in a teacher was considered a virtue. Unless he made frequent and forceful use of the rod, many parents felt uneasy and doubted that children could be learning very much" (Swift, 1973, p. 60).

By the end of the 19th century the industrial revolution began and correspondingly, significant changes occurred in the role of youth in society. As technology expanded, more and more youth were excluded from the world of work and the emphasis on schooling increased. According to Coleman et al. (1972) the period between 1890 and 1920 was one of heightened interest in adolescence. Numerous adult-sponsored youth organizations emerged, child labor laws were enacted, compulsory education was established, and juvenile courts were formed. By 1920, the report concludes, the basic forms of society's intellectual and institutional response to youth had taken shape, and except for refinements and elaborations there has been little innovation since.

But what has happened since has been a continuing if not increasing effort to determine the role of the high school in meeting the needs of adolescents in our society, and an ongoing alarm about their behavior and the resulting adolescent subcultures. In 1918 the Commission on the Reorganization of Secondary Education issued a report that described the "seven cardinal principles" which secondary education existed to deal with, and according to Van Til (1976), after more than a half century these are still not obsolete. The principles are:

1. To protect health needs through instruction and physical activities in cooperation with home and community;
2. To provide for the command of the fundamental processes of reading, writing, arithmetic, and expression;
3. To develop qualities of worthy membership in a family;
4. To equip an individual to secure a vocation;
5. To develop qualities through an education to participate as a member of society;
6. To equip the individual to secure worthy use of leisure; and
7. To develop ethical character.

These principles clearly depict the role of the school as a socialization agent responsible for much more than the three R's and underscore the necessity for schools to meet the developmental needs of youth.

Foundations for Reform

In the years since the seven cardinal principles were written, two themes have prevailed in the literature on adolescence: how to determine and meet their needs — primarily by schools; and how to manage their behavior. The work of one organization, the National Society for the Study of Education (NSSE), illustrates the attention given to these themes. Since 1944 NSSE has published at least 12

volumes related to adolescent development, behavior, and schooling. In the introduction to the 1948 NSSE yearbook the first sentence states, "Everyone recognized the urgency of the juvenile delinquency problem" (p. 1). It was noted that between 1914 and 1944 no less than 972 publications appeared on the problem. In a statement that sounds as though it were written in 1985, the Committee said:

It could be argued that the real marvel of our complicated times is that so many children and youth get on successfully with their developmental tasks and they learn to meet, survive, and surmount these complications without resorting to delinquency, for ours is a dangerously complex social structure. (p. 8)

The 1948 Committee concluded that of all social institutions to facilitate the successful growth of young people (e.g., churches, health clinics, libraries, youth organizations, and others), the schools must carry the heaviest responsibility. "It is universal and free; its use is compulsory. Therefore, it has the obligation to serve the varied and often unpredictable needs of all children" (p. 8). It is interesting in reading through the balance of this volume to note how similar the authors' recommendations are to those of present day writers. The recommendations begin with "humanizing relationships between teachers and students, along with providing support groups, services of counselors, social workers, cooperation with community agencies, sensitive school administrators, improved and meaningful curriculum, utilizing community resources, work programs, improved teacher training, special schools, and community based youth committees.

In 1953 Brink wrote in the introductory chapter of the NSSE yearbook "Further evidence of the importance of adapting secondary-school programs to the needs of youth is provided by recent studies of juvenile delinquency" (p. 8). The link between behavior problems and the school persists and with it a determination to meet the needs of youth. Space here does not permit a detailed review of the contents of that volume, but a brief listing of the subjects in the table of contents reveals how contemporary it still is: I. The Youth-Needs Motive; II. Determining the Nature of the Needs of Youth; III. How Youth Learn to Meet Their Needs; IV. Discovering the Extent to Which Youth Needs are Being Met; V. The Role of the School Administrator . . . ; VI. Developing a Plan of Action for Improving Programs; VII. Designing Programs to Meet Common Needs; VIII. Designing a Program to Meet Special Needs; IX. Extra Class Activities . . . ; X. Providing for Work Experience and Outdoor Activities; and others concerning guidance, setting goals, adapting classrooms, evaluating, training teachers, and characteristics of schools that meet the needs of youth. These topics underscore the point that when we look at present day issues and proposals, the problems are not really new, nor are most of the recommended solutions.

Contemporary Adult Reactions

Today, adolescent behavior in school continues to be viewed in diverse ways. Some writers see student disruptions and rebellion as a justified and normal response to an unjust or inhumane school climate. Others look on it with alarm. DeCecco and Richards (1978) used words like *anarchy* and *civil war* to describe what was happening in schools. They cited statistics such as the \$500,000,000 cost per year to schools in vandalism, 70,000 assaults on teachers in 1973, assaults on students up 85%, robberies up 37%, rapes and attempted rapes up 40%, and homicides up 18%. In 1977 Gallop reported that the number one problem facing the schools, in the public view, was lack of discipline. The issue was number one in eight out of the first nine years of the poll and in that year, the percentage of parents who cited discipline as a problem was the highest in the history of the poll.

The concern continues to appear in current polls and is certainly a legitimate public issue, but how to respond to it has been less clear.

A wide variety of adult perceptions and reactions was described by McGahn (1973). He identified the following:

Teachers: "Students are neither knowledgeable nor experienced enough to make sensible decisions" (p. 52).

Administrators: "What can I do to anticipate and prevent disruptive expressions of student power?" (p. 53).

Developmentalists: "This burst of youthful idealism, impatience with established order, and urge for action is typical. . . they will get over it" (p. 54).

Liberals: "The world is going down the drain and we haven't done anything to stop it. We must heed the cries of the younger generation and give them what they want, for they are our salvation" (p. 55).

Conservatives: "We are in trouble with this younger generation not because we have failed our country, not because of materialism or stupidity, but simply because we have failed to keep that generation in its place, and have failed to put it back when it got out" (p. 55).

Humanists: "The schools are dull, dreary places and they treat students in regimental, impersonal, and inhumane ways" (p. 56).

Nonchalants: "Don't worry too much about all this student activism. After all, only a tiny fraction of students are involved" (p. 56).

It should be apparent that the scope of "deviant" behavior under consideration is inclusive of all that occurs in the context of schools, including the role of school in a changing society. From this perspective, youth have long been viewed as a troublesome subculture.

Adolescent Reactions

How do adolescents view their situation? Hedin (1980) has been developing a method for assessing student opinions and has concluded, "Today's students hate school much more and underline hate" (p. 70). They feel powerless and want to be treated more like adults, with more choices and responsibilities. They want more comfortable environments; better food; more and better and younger staff; fewer rules, and changes in how they are enforced. They want to be treated fairly and with respect. They want more participation.

Alienation was the term MacKey (1978) used to describe the adolescent situation. He identified three dimensions of adolescent alienation: (a) a personal incapacity, a feeling of not having the skills to succeed; (b) there is a guidelessness in which conventional rules for succeeding are rejected; and (c) there is a cultural estrangement in which the prominent criteria for success are rejected. Adolescents, according to MacKey, are in a holding pattern, seldom permitted to land on issues that are important to them.

Adolescent Needs

Before examining what efforts have been made by schools to meet the needs of youth and recommendations for further changes, we need to briefly review characteristics of youth and related needs. First, it should be pointed out that there is no consistent theory or agreement on adolescent development or needs, with the possible exception of the area of physical maturation. For example, Coleman (1978) described the contradictions between the "classical" point of view which espouses the notion of "storm and stress", and the "empirical" view which supports the concept of adolescence as relatively peaceful and harmonious. Further, there

is no consistency with reference to ages. Some writers have included individuals from 12 to 21, others from 16 to 24, others from 13 to 19, and some divide them into two groups — early and late adolescents. Lipsitz (1977) argued forcefully for looking separately at the needs of early and later groups.

Lipsitz's focus is on the early group, those she calls "forgotten". In her view, early adolescence is an increasingly troubled time. She cited such examples as: School is the most dangerous place for a 7th grader; the average age of runaways is 14½; the average age of children in foster care is 12; juvenile crime appears to "blossom" around age 14; between 20 and 30% of 8th graders drink excessively; drug abuse soars in junior high; and suicide rates have doubled in the past 20 years.

Biologically, early adolescence is a time of rapid change. New physical, intellectual, and sexual capabilities become primary forces of attention. It is believed that because so much is happening during this time, adolescents need their own special kind of school. The developmental tasks and issues related to these changes has provided the basis for the rationale for junior high schools, and more recently, middle schools.

While junior high and middle schools were historically created specifically to provide a special kind of program for the early adolescent age group, Feeney (1980) shares the view of Lipsitz who stated previously that schools are not responsible for all aspects of youth development (e.g., physical, emotional, social, family, and values), but must be responsive to individuals experiencing and struggling with the changes in their lives. According to Lipsitz (1977) there is a lack of "fit" between schools' obsession with the issue of control and youth's need to establish a sense of uniqueness and relationship to friends. Further, schools, through their grade organization and segregation, fail to recognize the differential growth rates of young people and in this way are not responsive to their varying needs.

According to Feeney (1980) schools must be sensitive to the early adolescent attempts to come to terms with their biological instability and provide an environment which supports and reinforces their greater intellectual competence. She proposes a view that compares early adolescence with early childhood. Issues involving trust, autonomy, initiative, identity, and intimacy are central to the young adolescent. She urges educators to examine their goals regarding what is most important and to assist young people in building a strong and realistic self-concept. Schools, she says, "need not only to allow some free rein for exploration, but also to focus energies and interests, harnessing them for mastery of essential skills. Schools that deaden energy and curiosity are antiadolescent" (p. 11).

Eichorn (1980) has provided a contemporary description of how schools for early adolescents should be. He says they should provide a fluid but structured atmosphere. The structure is necessary to provide security, but it also needs to be elastic enough to permit students to explore learning and socialization. As they are seeking greater independence, activities should be provided that allow students to accept challenges and to receive help when needed. It needs to be a friendly climate with increased rather than decreased interaction with adults. Learning should be active, dynamic, and varied with flexibility for students to pursue their curiosity. The curriculum should include personal development skills along with cognitive, and skills for continued learning. Guidance and counseling services need to be available.

If schools are meeting the needs of youth, some authorities have argued that they have the capacity to prevent and reduce delinquency. Gold (1978) pointed out that schools are a "significant provoker of delinquent behavior" (p. 290), and that teaching methods must be changed to reduce failure in schools. This position was

also taken by Silberman (1970) when he said, "Chronic failure makes self-discipline equally hard to come by; it is these children's failure to learn that produces behavior problems . . . not the behavior problems that produce failure to learn" (p. 67). The assumption from this perspective is clear: If schools meet young people's success needs, they will have fewer behavior problems.

The developmental objectives for older adolescents have been succinctly described by Havighurst (1975). He summarized those of the Panel on Youth into two groups, self-development and social relations. The self-development objectives include (a) cognitive and noncognitive skills necessary for economic independence and for occupational competence; (b) capability for management of one's own affairs; (c) capability to engage in intense concentrated involvement in an activity; and (d) capabilities as a consumer, not only of goods, but more significantly of the cultural riches of civilization. In addition to survival kinds of skills, individuals need competencies for constructive social interaction.

Concerning social relations, Havighurst (1975) said, "A range of types of involvement with other people is needed for social maturation of youth" (p. 88). The objectives include (a) experience with persons of differing social class, subculture, and age; (b) experience in having others dependent on one's own actions; and (c) experience of interdependent activities directed toward collective goals. He concluded, "Our strong recommendation for experiential or action-learning . . . and our discussion of the meaning of work to youth . . . stress the importance we assign to experience that is essentially practical and maturity-building" (pp. 88-89).

Jones (1980) described needs of the high school student that relate to the probability of behavior problems. He identified three primary needs: *significance*, *competence*, and *power*. According to Jones, *significance* is experiencing a sense of feeling worthwhile to one's self and to important others. *Competence* refers to the possession of capabilities to do things that are worthwhile to one's self and to others. *Power* refers to the sense of having some control over one's own life. Jones argued that youth with behavior problems have consistently failed to experience one or more of these ingredients within their home or school. Further, he asserted that individuals will find ways to get these fundamental needs met through behaviors which may be regarded as deviant or unacceptable if they are not provided for by schools and/or concerned adults. This perspective, and others discussed above, strongly reinforce the efforts of educational planners who urge changes in schools which better attend to both the cognitive and personal needs of students.

School Reforms

There have been changes in school programs and structure. Even the critic, Silberman (1970), stated "on almost any measure [schools] are doing a better job But not better enough" (p. 62). He described changes in three broad categories. First, there are changes in regulations which are designed to create a freer and more humane atmosphere outside the school. Secondly, there have been attempts to change curriculum and the teaching-learning process. Students are experiencing more freedom in the high schools. For example, dress codes have been abandoned, movement is less restricted, and there is more flexibility in schedules and curriculum.

Some argue change has gone too far and that there is too much freedom. As evidence, they point to drug traffic, class disruptions, vandalism, theft, and a general breakdown of school authority. Yet Silberman asserts, "School officials who have freedom forced upon them may discover that it is a better solvent of disorder than repression" (p. 339). Later, he added, "One of the lessons to be

learned . . . is that freedom frightens both students and teachers — that many who clamor for freedom are afraid to try it when the opportunity arises" (p. 363). Silberman's (1970) formula for a proper kind of education is one which:

gives meaning and direction to the search for identity, preventing it from being a mere exercise in narcissism . . . by helping students develop the knowledge and skills they need to make sense out of their experience . . . with themselves, with others, with the world — not just during adolescence, but for the rest of their lives. (p. 336)

Based on a review of the literature, the changes that have occurred within the context of the schools might be grouped into five broad categories: (a) students' rights, (b) human relations, (c) curriculum, (d) structure, and (e) special education. In most instances, these changes might be more appropriately regarded as accommodations for subgroups of the population or in some instances as "experimental". Certainly they are not manifested throughout secondary education.

The first area, students' rights, is largely the result of court decisions. A host of traditional school policies (e.g., dress codes, freedom of speech and dissent, search and seizure) have been and continue to be tested in the courts with students winning on many of the issues. The right to "due process" is one example of a litigated issue which has had considerable impact on discipline practices and policies (e.g., the student has a right to a fair hearing from a principal before a suspension).

In the second area, human relations, few if any would contend that all school personnel are kind, caring, and sensitive toward their students, but it is not a new priority in many schools and districts. Human relations programs are an important part of ongoing staff development in many areas and, as in Minnesota, part of state law.

Curriculum has been subject to a host of innovations, most recently the use of computers. One frequently cited and promoted concept is *action-learning*. Graham (1975) defined action-learning as "learning from experience and assorted study that is or could be accredited . . . embraces the experiential learning components of work-study, cooperative education, work-service, on-the-job training, and self-directed work and study" (p. 162). The objectives of the action-learning program are based on an effort to match the developmental needs of finding a sense of direction, competence, and active involvement (power) to experiences in learning. Without going into the wide array of variations in action-learning programs, we can say they are clearly different from the traditional classroom structure.

The fourth category, structure, refers more to the school organization than curriculum per se. Here, there is much variation in the kinds of programs that have emerged. Typically, this notion refers to the *alternative schools*, *free schools*, *street academies*, *open schools*, and *schools without walls*. It may also refer to *magnet schools* which specialize or emphasize a particular subject area, or *vocational schools*. The rationale for the origin of these programs has been derived from two dominant forces: to provide students with an opportunity to choose from different kinds of educational programs, and to provide alternative programs for students who are high risk for dropping out. By whatever name they go, they are generally smaller, less rule-oriented, more experiential-oriented, and more flexible than traditional secondary schools.

The final category of changes involves programing that is a result of the mandatory services for special education students which became effective in 1977. For behavior problem secondary students, the legislation is particularly significant because prior to Public Law 94-142 these students were the ones most likely to be

excluded from schools. Under the law, troublesome students identified as emotionally disturbed are now not only assured of their right to an education, but even more importantly, an "appropriate" education developed to meet their individual needs. Advocates for students' rights view this law as a revolutionary triumph, while antagonists see it as an intrusion and expensive burden on education. However the law is viewed, for the first time in educational history student behavior problems may not simply be regarded as a disciplinary matter.

SUMMARY

In conclusion, the behavior of adolescents has long been the focus of diverse and often intense reactions among adults in schools as well as the community. While there have been changes in the schools, it is clear that many authorities believe they have not been broad enough, or in sufficient measure, to significantly alter a dissatisfactory condition from either the perspective of the students or of the concerned adults. Also, it would seem clear that the issues go far beyond the schoolhouse. The recommendations of the National Commission on Youth (Brown, 1980) recognize that there is a limit to what schools can do and what their role should be. Their recommendation for community-based educational programs, planning councils, employment programs, educational entitlements, health-care systems, juvenile justice reforms, and legislative changes, to mention just a few, will provoke considerable debate, but they reinforce the concept of adolescent needs as a total society issue.

School reform can and must continue but not in isolation from parents, community, or governmental units. Increased student participation as well as accountability is necessary. Diversity and flexibility are primary concepts along with sufficient stability and order. Clift and Shane (1976) concluded that we must bring education and life together, wipe out the gap between what we say and what we do, and provide curricula that will help students develop a competence to function, not only in the present, but also in anticipation of the future. If these visions become manifest, no doubt there would be less disorder in the schools, and for that matter, perhaps in society. But even then, there will be youth whose behavior is distressing to school staff, parents, and the community.

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Programs for Adolescents: What Works and Why?

Jean Lipsitz

I really know very little about behavioral disorders, and make every disclaimer that I can. But as I hear from judges who work with adjudicated youth, counselors who work with pregnant teenagers, social workers who work with teenage prostitutes, and doctors who work with chronically ill adolescents, it is very easy to forget what ordinary, regular, so-called "normal" teenagers are like. It is hard to remember how to make distinctions between those behaviors that are exhibited by almost all teenagers, and those that are really special and really need professional intervention. And it is very hard, but essential, to remember that whatever the problem or pathology with which a teenager is coping, the problem is not the teenager, and the teenager is not the problem. Rather, the problem is but one aspect of the many and complex developmental phenomena that are taking place simultaneously and interrelatedly. Sometimes, in spite of the problem the youngster has, many other developmental tasks are proceeding apace and need to be positively acknowledged; sometimes the problem is so pervasive that the young person needs help in other areas as well.

I would like to talk about myths, because as Urie Bronfenbrenner says, he knows only one law of social science to be true, and that is that if we believe something to be real, it is real in its consequences. So I would like to start by looking at some of the myths about adolescents that are rampant in this society.

There is a line from *Auntie Mame* that goes something like "How bleak was my puberty in Buffalo, and puberty and Buffalo are redundant." In this country certain states and cities and also certain age groups are stereotyped and are a source for humor. When adolescence is not seen as humorous, it is seen as a pathological time in life. This is one of the serious myths that we have about adolescence, that it is by nature a time of storm and stress, that adolescents are crazy, off the wall, at the mercy of their hormones, governed by forces within them over which they and we have no control. I want to address adolescent development in terms of some of the myths that we have about this age group, myths which I consider to be very destructive to these young people at such a vulnerable time in their development, and also destructive to us as we define and redefine social institutions, agencies, and programs for this age group.

Is this a pathological time in the life span, as the stereotype of the age group would have it? In fact, around 80% of adolescents manage to cope emotionally with this time of remarkable change and growth, with the coping skills that will serve them for the rest of their lives. Coping skills are established quite early and our style appears to remain somewhat stable throughout our lives. This means that adolescence is as normal as any other time in life. In other words, 80% of adults

fare well in coping with day to day life and change, just as 80% of adolescents do. We may not like the fact that 20% of us do not do that well, but we must accept the fact that either all of us are in a constantly pathological time in life, or that adolescence is a normal time of development. The statistics about distress are the same for adults as they are for adolescents.

Among the 80% who cope well, there are three types of development that have been identified by Daniel Offer. Approximately 25% of adolescents experience what is called continuous development — apparently easy, synchronized growth not marked by any undue storm or stress. Approximately 30% experience what is called surgent growth, growth marked by starts and stops, by times of stress and times of calm, by peaks and by plateaus; 25% experience what is called tumultuous development, the storm and stress that in our inappropriate expectations we expect all adolescents to experience. And 20% of those who do not cope well fall into none of these categories (Offer, Ostrov, & Howard, 1981).

We know that if storm and stress are to occur, they are more likely to occur during early adolescence than during middle adolescence. By the 10th grade, parents report an easing of tension with their young adult, as do teachers. Unfortunately, since we expect the tensions to escalate we ask ourselves, "If it is like this now when my child is 12, what will he/she be like at 15 or 16?" The answer is that the situation will probably be better. But because we expect an unending, riotous escalation of tensions, we batten down the hatches and resolve to ride out the storm. Or we may clamp down with inappropriate controls in expectation of worse times to come. Or we may throw our hands up in despair and abdicate all responsibility. We misread the signs of normal adolescent behavior and overreact.

The second harmful myth is the myth of homogeneity. I really have never understood why it is that despite all of our personal experience to the contrary, we insist upon thinking that "they" are all alike, the teenagers, a homogeneous group. This leads to a dangerous mental set in which we assume the inevitability of a generation gap because they are "they" and we are "we." We have a zookeeper mentality, containing, controlling an alien species, keeping them caged and as separate as possible.

The fact is that contrary to our expectations of homogeneity, there is a no more widely variable group that we can deal with than adolescents. Any junior high school teacher can tell you this. Anyone who has had more than one adolescent can tell you this. In fact, all of our experiences tell us this. Because of the extreme variability in development, there can be a 6-year span in biological development between a quickly developing girl and a slowly developing boy, and here I am talking only about biological development. When you think about all the "ages" that an adolescent juggles — biological, social, emotional, intellectual, academic — it makes a mockery of chronological age. We could call this the myth of chronological age as well as the myth of homogeneity. To be told that someone is 13 is to be told just about nothing about that person except perhaps grade level in school — which says something about the destructiveness of judging adolescents by chronological age in schools.

The third myth that we encounter daily in our society is that adolescents are children. There is a secular trend that indicates that the onset of puberty has occurred 4 months earlier every decade since the beginning of recordkeeping in Scandinavia in the mid-19th century. It is possible that this trend has now ended. In fact, it is possible that it ended a generation ago. We are not sure. There does seem to be some limit as to how early human beings can develop the capacity to reproduce. Nevertheless, if we assume that this trend ended in approximately 1960 and one social institution, the junior high school, began about 1910, 5 decades

times 4 months equals almost 2 years that young adolescents are now biologically in advance of those for whom the junior high school was established. There may, therefore, be a serious lack of fit between schooling for young adolescents and the young people who are now in these schools. And unfortunately, the schools are reflecting general social confusion about how childlike adolescents are and how childlike or grownup we want them to be.

Since the gap between the ability to reproduce and the ability to engage in sexual behavior which leads to reproduction seems to be narrowing, we consider these young people children very much at our risk and their risk.

When we call them children, we are trying to bask in some mythical idea of childlike innocence and playfulness. Now, of course, some adolescents are still quite innocent and very playful. Variability in developmental patterns and cultural expectations will determine the rapidity of the onset of adolescence. We must break out of the mindset that makes us see all adolescents as children. Some are, some are not. One 14-year-old on a youth panel at a conference in Houston, in a drug program, flagrantly sexually active, complained that when her boyfriend called, her mother would say, "Just a minute, she is outside playing." She was not playing. Others are outside playing.

A fourth myth that is harmful to adolescents is our expectation of continuous, uniform, synchronized growth. Just as there is great variability among adolescents where their growth patterns are concerned, there is variability within each adolescent in terms of the various types of growth that are occurring at one time. Biological, social, emotional, and intellectual growth are not synchronized. When we assume that a boy of 12 who is tall for his age is therefore emotionally or intellectually mature, we place inappropriate pressures on him for adultlike behavior. Girls who develop rapidly physically experience considerable pressures not just from adults but from older boys as well. Similarly, slowly developing boys are assumed to be children emotionally and socially long after they are ready to assume greater responsibility for their lives. Growth is not continuous and uniform. We hurt people when we act on the assumption that it is.

The fifth myth that I want to talk about is one that has always perplexed me. This is the myth that adolescence is "transitional." We are so used to thinking of adolescence as being a transitional time in life that we rarely ask ourselves why it is any more transitional than any other stage in life. Why is it more transitional, for instance, than being a toddler is? All stages in life are marked by growth and change. Why do we label one, and only one, transitional? I resist calling adolescence transitional because I feel that it is a cop-out. It is a way of saying that because they will grow out of "it," we do not have to pay attention to them while they are in "it." It is a way of saying to young people that what they are experiencing in the here and now is transitory and therefore not of the intense importance that they see it as being. The here and now is at no time in our lives more intensely experienced than when we are adolescents. What we are saying to too many young people is, "Be good, have fun, stay out of trouble, prepare for life, and we will get back to you later when we like you better and understand you more." That is why I resist labeling this group as transitional. I am, in this case, less concerned with whether this is a myth or not, than I am with the types of behavior it leads to on our part when we call adolescence a transitional time in life. I think it wipes kids out. They do not feel transitional. They feel very real right here, right now, and it is in the here and now that we must address their needs.

Their needs result from developmental tasks that I would now like to summarize briefly for you. Again, my emphasis is on what we should expect, what is typical, and what our appropriate expectations should be for the healthy development of

adolescents. Biologically, adolescence is marked by a remarkable growth spurt, the appearance of secondary sex characteristics, and the onset of puberty. The growth that occurs during early adolescence is dramatic, second only to infancy in rate of change. In all of human development, it is unique in intensity of change. For girls, the average age for the beginning of the adolescent growth spurt is 9.6. The growth spurt reaches its peak velocity at 11.8. Menarche, or the onset of menstruation, begins at an average age of 12.9, perhaps earlier for Black girls. These average ages, however, are computed from a span of approximately 4 years. For boys, some of the marker events occur approximately 2 years later. Thus there is the possibility I mentioned previously of a 6-year difference in biological age between a rapidly developing girl and a slowly developing boy of the same chronological age. There is not universal agreement about what the parallel marker event for boys is when we say that menarche begins at age 12.9 for girls and the parallel marker event is 2 years later for boys. Most people say it is ejaculation. When my son was 13, he had his own definition of the onset of puberty: puberty is when you grow hair and smell. At 14, he changed it: puberty is when you lose weight and gain pimples. Those are functional definitions.

There are many tasks to be resolved that are grouped under a heading of socioemotional development. One of these tasks is individualization, forming a sense of inner identity, experiencing a sense of continuity between the inner and the outer selves, a sense of continuity of oneself from one moment to the next moment, integrating past experiences into one's sense of self, experiencing for the first time — and it is the first time in a human being's life — a sense of the future, knowing that we have a destiny, a personal destiny and a social destiny. During this time, as we are considering the images that come to us from the outside and our inner sense of ourselves, our self-esteem is very much on the line. It can be a fragile time. It can also be an extremely exciting time for adults who work with young people who are on the threshold of being able to say, for the first time, "I have a future," "I have a destiny," "I am part of a generation," and to make a commitment to that future.

Forming commitments is another socioemotional task for adolescents. It includes the capacity to interact with others and to contribute to social cohesion. It includes the capacity to consider vocational concerns. We do not as a society give young people opportunities to try out different roles and commitments exactly at the time in their lives when they are ready to — the early years of adolescence. One of the reasons that we do not is related to two of the myths discussed above, first that they are children and second, that this is a pathological time in the life span. Young adolescents are considered irresponsible, even dangerous. We do not invite them to accept socially responsible roles. Except, of course, in the evenings when these young people are the babysitters of our nation, when we entrust them with our most precious possessions, our young children. Then they are responsible for life and limb, for entire households. We are wildly inconsistent with this age group at a time when consistency of expectation is important, since they are defining themselves as individuals and members of society.

Probably the most discussed and distressing task during adolescence is the task of separation, including the capacity to function on one's own. We misread many of the signals that adolescence give us. We think of separation as an all or nothing process. At the first sign of strivings for independence, we assume that everything is going up for grabs. We may, in reaction, clamp down with inappropriate controls or abdicate all responsibility. We fail to read those signals that adolescents are sending out to us that indicate their continuing need for dependence and emotional support.

Separation is a lifelong process, not a one-time event. Adolescents begin to detach themselves from us in terms of their associations with peers and their behaviors as viewed in dress, language, and preferences in music. They are not ready until late adolescence to become fully autonomous human beings with their own value systems, emotionally independent from their parents or other adults. The peer group is the lifeline for adolescents as they test out various roles and commitments and relationships, but adults are also lifelines for adolescents. Probably the hardest thing for parents and other adults working with adolescents to do is to read correctly the signals that these young people send to us about their progressive need for detachment, but their continuing need for adults who set limits and allow for emotional dependence.

We create emotional pushouts when we misread the signals. Adolescents, when asked who the most important people are in their lives, will identify a parent, usually a mother, as the most important, and not a member of the peer group. Girls in training schools, many of whom cannot identify a parent as the significant other, state that they wish they could. Just as we must not fear the peer group because it is a critically important aspect of the support system for adolescents, we must also not underestimate our own importance in young people's lives.

A word about the peer group is in order. One problem that appears reliable as a predictor of future delinquent behavior is a young person's inability to function in a peer group. That is one reason why the question, "Who are your friends?" is such an important one to ask young people. It is a critical indicator of the young person's development. We tend to fear the peer group. In fact, the term peer group is a pejorative one. As adults, especially in schools, we set ourselves up in opposition to or in competition with the peer group. The peer group has its place, so do we. We must be careful not to foreclose either of these crucial relationships.

There are many adults who can serve as significant others in the lives of adolescents, and adolescents need access to as many of them as possible. We can never, as adults, overestimate our importance to adolescents.

Another socioemotional developmental task during adolescence is outgrowing certain characteristic forms of egocentrism that flourish during adolescence. Every stage in life has aspects of egocentrism peculiar to that particular stage. There are two that flourish during early adolescence that we see functioning daily in the lives of these young people (Elkind, 1967). The first has been called the "imaginary audience." Everyone out there is looking at me. I am always on stage. I am never alone. Everything counts, everything that I do, everything that I wear, and everything that I say. This exquisite self-consciousness that can at times be very painful is based on what sometimes appears to be a cosmic egocentrism or self-importance. As development continues and the young person successfully becomes an individual with an inner identity capable of intimacy and personal relationships, he or she works his or her way out of this form of egocentrism. Another type of egocentrism is called the "personal fable." It appears to contradict the imaginary audience. In the personal fable, I am alone, no one understands me; I am unique, no one experiences what I am experiencing. My story is my own, unique to me. This is the first time in a person's life that this type of existential loneliness is felt. Sometimes the personal fable includes a sense of immortality. Because I am unique, I am unlike everyone else; I will not die, I will not crash in this car, I will not become pregnant. It can not happen to me. I am immune. Thus the risk-taking behavior characteristic of and necessary to adolescence can become very dangerous. Behaviors that are the result of these forms of egocentrism can be humorous, troubling, irritating, or deeply disturbing. They are normal.

A quick word about cognitive development. During early adolescence many of us make a shift in our capacity to think, from needing to rely on the concrete example to being able to form abstractions. This is an exhilarating phenomenon because it is so uniquely human. We begin to be able to think about thinking to generalize, to consider metaphors, to appreciate theorems, everything that has to do with the ability to deal with abstract thought. Without this capacity we are truly incapable of forming independent moral judgments. It is this onset of what is called formal operations, this ability to think abstractly, that makes it possible for young adolescents to question adult values. This questioning is a normal and critical aspect of human development. In fact, this shift to formal operations probably underlies many of the socioemotional tasks that I have already described. For instance, we are probably not able to break through that sense of immunity that blocks us from adopting preventive behaviors.

I want to pursue this point further since it is of such concern these days. Most discussions of pregnancy prevention assume the adolescent's capacity to anticipate consequences, to consider what is the probable outcome of personal behavior, or to project oneself in one's "mind's eye" into the future. In other words, prevention is based on an ability to approach problem solving by engaging in formal operational thought. But young adolescents, and even many middle adolescents, are just beginning to have this capacity. How can a young adolescent understand the idea of prevention? I noted the "personal fable" before, that form of egocentrism that leads an adolescent to say, "It can not happen to me" (a form of egocentrism known intimately by adults who smoke, may I add, and by many adults who fail to protect themselves against fire, theft, herpes, unplanned pregnancy, and other human calamities). A young adolescent, locked in that personal fable, unable to think about contingencies and probability, and sorting through what it means to be feminine, let us say, in a culture that teaches that to be feminine is *not* to be prepared (that is the Boy Scout motto, remember), is unlikely to respond to a sex educator's dream course on human sexuality that is based on the best of what we know about prevention. Because the best of what we know is not appropriate to early adolescent development. A developmental perspective of cognition should pervade curriculum development and direct service delivery — but it usually does not.

Living with adolescents who are always questioning and questing and testing may not be the easiest of tasks for adults. It is certainly not easy to deal with the way they slip-slide away, one day seeming to take responsibility for themselves, the next unable to keep track of their homework let alone their lives. Nonetheless, without that questioning and questing, without the slip-sliding, young people would not realize their full human potential. If we recognize the importance of this erratic intellectual development, we can truly become the mentors that they so deeply wish us to be.

After this quick developmental overview, we are in better position to ask "What works?" The answer is as simple to say as it is difficult to achieve: what works is knowing about adolescent development and structuring programs consciously, deliberately, with intentionality in direct response to the imperatives of adolescent development. We do this with very young children. We do not, for instance, expect toddlers to sit still for long periods of time. But walk into a 7th or 8th grade classroom and look at the students. They are the most squiggly, squirmy group of kids you have ever seen. Their bodies are changing practically daily. They can not sit still. Why is it that we know that toddlers can not sit still, but we do not know that adolescents can not? Would you give tenure to a teacher who insisted that 4-year-old children sit up straight and stay seated for 45 minutes at a time? Can

you imagine how many of these toddlers would be identified as behavior problems? We do this to adolescents. Just at the most rapid time of growth and change in human development, we make them sit — perhaps because we are afraid of their physical energies and are trying to control them, or perhaps because we just have not put ourselves into the frame of mind that demands that programs and activities must fit the developmental needs of the age group.

What are these needs? At the Center for Early Adolescence we have tried to make life a little easier by reducing them to a list of seven needs (Dorman, 1981; Frank, Kerewsky, Lefstein, & Medrich, 1982). There is nothing magical about this list and perhaps you would like to add to it; I doubt that you would delete from it. It is a basic, all-purpose list that fits most adolescents in most contexts. Programs that work respond to these key developmental needs:

1. *Diversity.* Because adolescents grow and change at such varying rates and begin to form distinct likes and dislikes, what is appropriate activity for one may be anathema to another. The diversity of the age group is probably the single factor that makes working with adolescents in groups so difficult. As a result, adults who work with this age group, whether in schools or in after school programs or in families, need to provide a wide variety of experiences from which adolescents can choose. (The same is true, of course, for adults. We are very diverse. But we have more of a voice about what we do and do not do than adolescents have. I suppose I am advocating giving that voice earlier.)

2. *Self-Exploration and Definition.* At a time when bodies and emotions are changing so rapidly, adolescents need many opportunities to explore their interests, their strengths, their feelings — and they need to do this with diverse adults and with friends. They need time for privacy, and time for sharing, and time for raucous fun. They need time for reflection and time for expression, and they need to be with adults in settings where they are encouraged to explore and define themselves as individuals and in the social context in which they live.

3. *Meaningful Participation.* Programs that work know that this age group is rather disenfranchised at exactly the time when they are becoming aware of the social fabric, their personal destiny, and their place in society. We tell young people to act their age and be responsible but we give them few opportunities to exercise responsibility. Taking out the garbage and emptying the dishwasher are not quite what I mean by meaningful participation. Nor is taking attendance in homeroom. Professionals who work successfully with this age group plan *with*, not only for these young people. They grant progressively increasing amounts of responsibility, neither flooding unready youngsters with too much independence nor hindering the increasingly mature youngsters from exercising responsibility and even authority.

4. *Positive Interaction with Peers and Adults.* Adolescents need to be with their friends. They also need to be with adults. They need to be with them in positive settings, to be supported and challenged. It is very sad that many adolescents cannot name one adult in school who really knows them. I know that some of you, in memory exercise, could not remember a significant adult aside from a relative who was really special to you. It is difficult for me to imagine the barrenness of a school day, or year, or years, in which no adult really cares. And I know that in after school programs, such as the Boys' Club or Girls' Club or church group or community center, while young people say they like the activities, they say what is most important to them is one adult who really cares. The activity may be the hook or the lure; the caring adult is what keeps the youngster in the program over the long haul.

5. *Physical Activity.* This one seems too easy, but for schools it is so hard. I know, because I am a former English teacher. Of all the needs, the one that is most difficult for schools to meet is the need for physical activity. One P.E. period is not enough. If a teacher is to become responsive to the need for physical activity, it means that teenagers are going to be getting up out of their seats and moving around. This is the most radical need to meet, actually: Lesson plans must be thrown out the window, disruption must be redefined, productive noise must be tolerated. The people who are pros at this are elementary school teachers. In the professional pecking order, everyone copies the next step up. This is one instance in which secondary schools would do well to learn from *elementary* schools.

6. *Competence and Achievement.* Do you know the quotation from the New Testament, "straight is the gate"? The gate referred to is, of course, the gate to heaven, and the gate is straight, or narrow, indeed. Well, straight is the gate to adult recognition. Adults recognize achievement in academia and athletics. If a youngster does not excel in one or the other, it is difficult for him or her to gain a sense of competence and achievement from adults, especially in school. But young people's self-esteem is fragile, they are extremely self-conscious about their changing selves, and they hunger for chances to prove themselves and be valued for what they can do. Given their shaky self-esteem, they need few reminders of what they cannot do. They need constant recognition for their competence.

7. *Structure and Clear Limits.* Adolescents do not do well in undefined, laissez-faire, boundariless situations. They need boundaries within which they can experiment, try things out, take risks without personal harm. If they are going to step out of bounds, they need to know what those bounds are. If they are going to step over the line, the line has to be clearly drawn. They are like toddlers, testing the limits — and they will test and test and test until they find the limits. And woe unto the adolescent who cannot find them, whom we have neglected and actually abused by failing to provide the structure and clear limits that give the security they need for their successful explorations.

I have spent the last 3 years, first looking at successful schools for young adolescents and then looking for after school programs that work. By after school programs, I mean programs that meet in the hours when school is out, programs that provide academic enrichment, recreation, religious instruction, arts and crafts, personal counseling, career exploration, and skill building — places like clubs, Ys, community centers, museum programs, library programs, recreational activities. Schools and after school programs may look very different. Their missions may be different. But I do not think they can "work"; that is, I do not think they can promote the healthy development of adolescents without being responsive to most or all of the needs I have listed. I have slipped in a definition here: What "works" is what promotes healthy development. In the end, what works in programs for adolescents is developmental responsiveness. What works is starting with the adolescent, not with a curriculum of a schedule or even a staff — starting with the adolescent and having the respect and concern and decency to fit the program to the person. There are many procrustean beds around in this country — schools, agencies, and programs that try to fit the adolescent to the institution, no matter how stretched or compressed or warped the adolescent must become to make the fit possible.

If we want a stretched or compressed or warped population of young people, I suppose we could say that what many are doing "works." In fact, we say this tacitly daily. But if we want a population of young people who are developing as fully as possible, who are able to blossom in their own remarkable and individual ways, then whether or not we are working with so-called mainstream or normal young-

sters, we must recognize what you know so well: that all young people are special and that all young people share certain needs in common, no matter how individually these needs may express themselves.

We ignore these needs at their peril and ours. In the end, what works with adolescents is knowing them, knowing them beyond the myths that are so pervasive, knowing them beyond the signals they send that set us off track, knowing them beyond our prejudices — knowing them and caring about them and respecting them, and if we are very special, loving them.

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Academic Accommodations for Adolescents with Behavior and Learning Problems

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Adolescents with behavior and learning disorders present numerous challenges to those responsible for their overall management as well as their instructional programs. By definition, interventions for these students must be comprehensive (Schumaker & Deshler, 1984), focusing on the broad array of needs these students present in behavioral, vocational, and academic areas. These needs in turn require multiple agents and settings to ensure successful and effective intervention programs. In this article we will address one component of this comprehensive intervention system — the instructional/academic component. Because students spend a large percentage of their time in instructional setting for the purpose of acquiring academic content, it is critical to understand the nature of the academic environment in secondary school settings and the most effective way to instruct and manage the behavior of learning disabled and behaviorally disordered students. Results of research conducted by the University of Kansas Institute for Research in Learning Disabilities (KU-IRLD) on adolescents with learning and behavioral disorders underscore the critical role that well-designed academic instruction can play in effectively intervening with these students. Specifically, we have found an important first step to be careful analysis of specific setting demands in the academic classroom. An understanding of these demands is prerequisite to making sound educational decisions for remedial programming. Further, given the increased emphasis on mainstreaming, we have found it essential to focus on instructional procedures that can be used by teachers who are responsible for teaching the academic curriculum to learning disabled and behaviorally disordered students. A growing body of knowledge provides guidelines for effective instruction of content. In this article we will review relevant research and future directions in these two areas.

SETTING DEMANDS

An important step in making appropriate instructional decisions on behalf of handicapped adolescents is to acquire information about the complex curricular and setting demands in the secondary schools (Link, 1980; Moran, 1980; Schumaker & Deshler, 1984). *Setting demands* have been conceptualized as expressing the teacher's expectations for the student with regard to the skills necessary to effectively manage the information presented by the teacher, and in turn the procedures the teacher uses to evaluate the student's academic progress (Putnam, Deshler, & Hudson, 1985).

The majority of classroom demands identified to date are rather general. Based on studies conducted by the KU-IRLD, Schumaker and Deshler (1984) reported that to succeed in secondary schools students must be able to:

- work independently with little help and feedback from the teacher;
- complete homework and other assignments;
- gain information from lectures, discussions, audiovisual activities, and student reports;
- demonstrate their command of knowledge through tests;
- participate in discussions;
- follow classroom rules;
- express themselves in writing;
- spell words correctly; and
- pass minimal competency examinations.

Other research studies on classroom demands, while helpful, also lack specificity. Good (1983) noted that students in regular classrooms spend about 70% of their class time doing seatwork. Based on classroom observations and interviews with regular and special education teachers, Zigmond, Kerr, Brown, and Harris (1984) noted that students in mainstreamed academic classes spend the majority of the class time (55%) in teacher-directed, group instruction. Vocational/business and art/music classes were similar to special education classes in that students spend most of their time in self-directed, independent activities. In addition, these researchers found that teachers in special education settings make few homework demands on their students, instead placing greater emphasis on completion of in-class assignments. The opposite appears to be true in regular education classes containing mildly handicapped students; here more demands are set for the completion of out-of-class assignments. Sirotnik (1983) in a study of classroom activities observed that elementary-level students were involved in an explain/lecture activity 20% of the school day; for secondary students this figure increased slightly to 25%. Working on written assignments decreased steadily from nearly 30% of the school day at the elementary level to only 15% at the secondary level. Less traditional activities such as classroom discussions, simulations, role-playing, and demonstrations occurred at an even lower rate (i.e., less than 8% of the day). Based on a series of observational studies, Goodlad (1984) concluded that teachers lecturing and total class work on written assignments remain as the primary instructional models in the regular classroom.

Several studies conducted at the KU-IRLD have led to helpful information about demands placed on students in mainstreaming secondary classrooms. In a series of studies, Knowlton and Schlick (in press) and Knowlton (1983) revealed that teachers at the secondary level place a high value on such student behaviors as bringing correct materials to class, completing homework assignments, budgeting time, requesting assistance, accepting help, and working independently. Through an investigation of the oral language behaviors of regular classroom teachers, Moran (1980) concluded that teachers based their evaluation of students' performance on written products and not on class discussion or direct questioning of the students. In addition, teachers in Moran's study tended to give more commands than oral checks to their students to ascertain their understanding of the teachers' oral directions. Lastly, regular teachers were seen to provide feedback to students concerning the correctness of their oral responses to questions in only half of the available opportunities.

The demands identified through the research efforts described above are helpful for teachers in their day-to-day planning of instruction for adolescents with behavioral and learning disorders. Unfortunately, most of these studies are inade-

quate as the basis for developing powerful and appropriate interventions for mildly handicapped students. For example, how much instruction and management-relevant information can be derived from knowing that students spend about 70% of their classroom time doing seatwork (Good, 1983)? Instead, exact descriptions of what constitutes that 70% of the school day would be much more meaningful. More precise descriptions describing the academic demands of the regular classroom are needed in order to develop interventions. For example, it is much more meaningful to know that a student in the regular classroom has to "read a 12-page history chapter, answer 6 detail questions and 3 fill-in-the-blank questions, and remember the information read for an essay quiz in 3 days, all to be completed within a single 55-minute history period."

Classroom variables in which specific setting demands need to be identified are in the areas of teacher-constructed tests, lectures, classroom materials, homework, teacher-directed questions and directions, student participation, and teaching method. Each of these variables can be analyzed on two different levels: a presentation level and a content level. For example, in the area of teacher-constructed tests, these levels would include the types of questions asked (i.e., true/false, fill-in-the-blank) and the source of the information required to pass the test (i.e., lectures, textbook, supplementary reading). A second example is in the area of teacher lectures. The presentation level would be the length of the lecture and the utilization of advance organizers, whereas the content level would be the cognitive level of the lecture, based on Bloom (1956).

Identification of specific academic demands within the regular classroom is essential both prior to and after placement in the mainstream. First, in order to prepare the handicapped adolescent for and to ensure a smooth transition to the mainstreamed regular classroom, the special education teacher must know the demands of the regular classroom. Based on such information, the special education teacher can plan more appropriately for the special class or resource setting. A student's successful integration into the mainstream often depends on the compatibility between the student's skills and the demands of the regular class (Bijou, 1977). Without specific instruction based on the identified demands of the regular classroom, adolescents with learning disabilities and behavioral disorders are unlikely to possess the skills necessary for acceptable performance in such settings (Jones, Gottlieb, Guskin, & Yoshida, 1978). Unfortunately, many special education interventions do not adequately prepare the mildly handicapped student for the rigors of the regular classroom (Alley & Deshler, 1979). Without specific planning designed to match student skills with setting demands, handicapped adolescents are unlikely to be successfully mainstreamed into the regular classroom (Hundret, 1982).

The second reason for identifying the demands of the regular classroom is to increase the chances of success for the mainstreamed mildly handicapped student. When the demands of the regular classroom are incongruent with the student's abilities, the likelihood of academic failure within the mainstream setting increases. This is thought to be partially due to the student's inability to recognize and meet the demands of the regular classroom (Hundret, 1982; Wallace & Larsen, 1978). The public school curriculum confronts students daily with a variety of ever-changing demands. For example, Haisley, Tell, and Andrews (1981) reported that secondary-level students often find themselves in as many as seven different classroom settings or academic subjects in a single day, with subsequent variations with respect to content-material demands, teacher expectations, skill level required for success, and evaluation of student performance. As the complexity of the demands of the mainstream setting increases, mildly handicapped students' chances of academic difficulties also increase.

Instructional Procedures for Facilitating Content Acquisition

A major challenge facing adolescents with learning disabilities and behavioral disorders is to learn the large amount of content presented in a secondary curriculum. An emerging body of research has focused on specific instructional procedures for facilitating content acquisition and hence helping students cope with the curriculum. For the purpose of discussion much of this research can be categorized into the following areas: textbooks, lectures, verbal interactions, and concept acquisition. In practice, however, these categories are not mutually exclusive. For instance, teacher verbal interactions with students serve as checks on student understanding of textbook readings; concept acquisition may be facilitated by lecture presentation or verbal interaction; and lectures are often interspersed with verbal interactions. However, for the purposes of our discussion, these categories will be considered separately. Research findings and intervention suggestions will be presented in each area which maximize the instructional use of textbooks, lectures, verbal interactions, and concept acquisition techniques for adolescents with learning disabilities and behavior disorders.

Acquisition of Textbook Content

Acquisition of information from textbooks can be difficult for many handicapped students, and the difficulty is often increased by textbook formats. Armbruster (1984) drew attention to certain aspects of textbooks which she called "inconsiderate text". For example, Armbruster has emphasized that the overall text structure is important as a guide to understanding. Authors need to establish a "global coherence", an arrangement of ideas in a text indicating how ideas are related. Different types of structures indicate narration, description, problem-solving approaches, comparisons and contrasts, temporal sequences, or cause and effect structure.

In addition, Armbruster identified a lack of "local coherence" — cohesiveness from sentence to sentence. For example, texts may lack clarifying transitional words, connecting or subordinating words, or cues which signal importance such as underlining, italics, or boldface print. Furthermore, texts may not be written at levels appropriate to the targeted group or may lack introductory and summary statements. Emphasis must be directed to texts which correct such deficiencies in order to promote learning important information. Authors of textbooks need to be aware of the textual features which Armbruster discussed. Teachers can also intervene at several levels to influence textbook choice and use.

Awareness of textbook structure can be useful prior to textbook adoption in a school. For example, special education teachers functioning as members of textbook committees might contribute information and insights which could improve the chances that well-designed texts are adopted. Membership on such committees provide informed teachers with the opportunity to emphasize the positive aspects of textbooks such as good structure and the negative aspects such as excessive detail or poor organization. Such knowledge regarding the choice of texts is a benefit for all students, but especially those with mild academic handicaps.

Textbook Strategy. A first step toward enabling students to benefit from secondary textbooks, therefore, is for the teacher to identify the book features that may impede student learning. Based on such knowledge teachers may help students find the basic structure in a chapter as well as key elements that will facilitate comprehension. The KU-IRLD has developed a task-specific learning strategy called *Multipass Strategy* to improve reading comprehension through the recogni-

tion of textual organization (Schumaker et al., 1982). With this strategy, teachers show students how to make several "passes" through a textbook gaining more information each time. The teacher can point out the importance of comprehension of chapter titles, introductions, summaries, overall organizational patterns, pictures and graphs, and the table of contents. Key information in boldface print or italics, new terms, important people, dates, and study questions should also be emphasized so that students may independently apply the strategy to readings assigned at later times. Teachers utilizing the Multipass Strategy have reported that both they and their students benefit from it. Thus the small amount of additional preparation time required in applying the Multipass Strategy to a chapter pays off in terms of increased organization, control of content material, and confidence in presentation and discussion.

Audiotaped Textbook Strategy. Schumaker, Deshler, and Denton (1984) have adapted the Multipass Strategy to produce the Survey-Obtain Information-Sortout (S.O.S.) Strategy which utilizes audiotaped materials. Again, the purpose of this procedure is to assist students in dealing with difficult textbooks. Teachers modify materials by paraphrasing onto a tape specific sections of a textbook that have been visually coded with a special marking system as a guide to key information. Students are taught how to use the visual codes while listening to the tape. Schumaker et al. (1984) reported that this procedure has enabled learning disabled (LD) students to acquire textbook content even when the readability of a given text exceeded student ability by as much as 7 years. In addition, performance on regularly administered classroom tests were also reported to be significantly improved by use of the S.O.S. strategy. Finally, S.O.S. adaptation of materials provides cooperative planning experiences for classroom and resource room teachers responsible for educating mainstreamed students.

Self-Questioning Strategy. The KU-IRLD has designed other strategies to help mildly handicapped students deal more effectively with the complex reading demands and text materials of the secondary and postsecondary settings. Teachers can incorporate parts of these strategies into classroom discussions to monitor and guide student understanding. For example, the Self-Questioning Strategy (Clark et al., 1981) involves a series of steps to guide student inquiry. Specifically, students are taught to read the title, the subtitle, or first sentence in a passage and to ask themselves questions about this introductory information. Next, students are to read the text to find the answer to the questions they have posed. Finally, students repeat the answer to solidify their understanding of the material. Students are also taught to mark the text with special symbols indicating the type of question answered: who, why, where, when, and how. During discussions with the entire class, teachers can focus on the same questioning techniques to assure that students are reading content material carefully and are extracting important information. According to Clark et al. (1981) learning disabled students can learn and apply the Self-Questioning Strategy and significantly increase their textbook comprehension through consistent use of the strategy.

Paraphrasing Strategy. The Paraphrasing Strategy (Schumaker, Denton, & Deshler, 1984) is also designed to help handicapped adolescents cope with reading demands and to enhance comprehension. It was specifically developed to improve students' recall of main ideas and specific facts. Research has shown that students' comprehension and retention scores increase in proportion to the quality and quantity of the paraphrased statements they make while reading a passage. However, many students laboriously read lengthy passages rather than divide the material into small units and interact with the author's message. Through the Paraphrasing Strategy, students are taught to read a short passage of material, ask

themselves what has just been read, and rephrase the main idea and specific facts in their own words. As with the Self-Questioning Strategy, the Paraphrasing Strategy can be used in class discussions to check students' understanding of content materials. In addition, teachers can learn how to paraphrase text material for class discussions, to correct misunderstanding, and to direct student inquiry.

Lecture Presentations

In view of the importance of lectures in the secondary classroom, regular classroom and resource room teachers need to be aware of several methods which enhance the presentation of information (Goodlad, 1983; Moran, 1980). Empirically validated techniques which can be readily incorporated into existing classroom routines include advance organizers, attentional cues and devices, and varied presentational forms.

Advance Organizers. One technique of proven value in the presentation of information, regardless of class size, is the use of advance organizers (Ausubel, Novak, & Hanesian, 1968; Joyce & Showers, 1982; Lenz, 1983). When using this technique, the teacher provides the students with an overview of the planned instruction by giving a rationale, letting students know what is expected of them, telling students what the teacher is going to do, relating information to the previous lesson, and indicating desired outcomes. Lenz (1983) found that advance organizers used by regular classroom teachers facilitated learning disabled adolescents' recall of information once they had been taught how to identify the information in the advance organizer. In a related study, Lindsey and Kerlin (1979) found that providing learning goals to learning disabled adolescents before reading facilitated their recall of goal-relevant information. Lenz also found that presentation of post-organizers is an effective means of reiterating and emphasizing important information.

Attentional Cues. In addition to advance organizers, teachers can utilize a variety of attentional cues and devices. While helpful for all students, such techniques are especially valuable for students who have short attention spans or who have difficulty paying attention. KU-IRLD research has been conducted on teaching students how to listen for key verbal cues in lectures through instruction in the LINKS Strategy (Deshler, Schumaker, Denton, & Alley, 1982). This strategy teaches students to listen, identify cues, and take notes from those cues. Cues which may be unique to an individual teacher include intonations, pauses, or commonly-used phrases. Often teachers are unaware of these natural cues or the extent to which they use them, particularly intonation and pauses. Feedback from students or from other teachers can provide valuable insights in individual lecturing styles. For example, if the phrases "Now, listen..." or "Remember this..." are idiosyncratic to a given teacher, it may be important to point that out to students who may not otherwise focus on these cues. Other cues, while natural to the language, may also need to be emphasized. For example, verbal cues are natural indicators of importance. When the teacher lists items as first, second, and third, it is a cue that important items will probably follow.

Visual Presentation. This instructional approach can be particularly useful with academically or behaviorally handicapped students. Wong (1985) emphasized the importance of visual presentations for mildly handicapped students by recommending the use of visual enhancement procedures such as mapping in order to accommodate decoding and vocabulary deficiencies as well as deficient reading comprehension. In addition to its benefits for accommodating deficiencies, Savage and Armstrong (1983) recommended visual modeling "for the purpose of

delineating the quantity of information students must process" (p. 260). In many classes, students face the problem of overloads of information rather than lack of information and therefore become overwhelmed. According to Savage and Armstrong, visual models serve two functions: giving students an overview of the total body of information, and focusing on the important aspects of the lesson.

Verbal Interactions

Verbal interactions between student and teacher are essential for assessing the students' readiness to learn, for monitoring progress, checking understanding, and in guiding thinking. Each of these will be considered.

Assessing Learning Readiness. A student's readiness to learn depends, in large measure, on prior knowledge. Anders and Bos (1984) recommended the use of a prereading plan which allows the teacher to assess the students' knowledge about a specific topic, to develop an awareness of students' vocabulary, and to make judgments about the amount of additional information that needs to be taught before the students can successfully read the text. To implement this technique, the teacher reads the text and selects a word, phrase, or picture that exemplifies the key concepts to be presented. Students are subsequently asked to free-associate with that concept name, and these associations are written on the chalkboard. Finally, the teacher and students discuss the associations suggested by the concept and elaborate on new ideas. Through discussion, teachers can better determine whether students are ready to begin instruction.

Based on their review of research on prereading strategies Moore and Readence (1981) have suggested several as alternatives to what they term the common practices of "read first — react later" (p. 161). Among their recommendations are Taba's strategy for categorization of concepts related to a given topic, Manzo's request strategy in which questions about written material are formulated to guide reading, and Herber's prediction strategies whereby the teacher provides a reading focus by formulating some statements that support ideas from the text and other statements which refute those ideas. Sound research and many useful suggestions support the notion of guiding students through learning using careful preplanning and attention to student readiness.

Monitoring and Guiding Student Learning. In addition to checks on understanding before a lesson, teachers can also check students' understanding during the presentation of the lesson. Questioning activities provide the teacher with a means of monitoring and guiding student understanding during classroom discussions or at the end of a lecture. For example, Roth, Smith, and Anderson (1984) observed science teachers who engaged in activity-based instruction and others who used textbook-centered content area instruction. These authors concluded that the teachers' verbal strategies as well as teacher-student verbal interaction are important, but that certain patterns are more successful than others. These case studies indicated pitfalls in both activity-based and textbook-centered programs. For example, with the former type of instruction teachers sometimes provided students with ample opportunity to explore by using manipulative materials, but did not follow up on activities to ensure acquisition of the concepts. That is, the teachers often hoped that the activities would lead the students to discover scientific principles on their own and therefore failed to verbally guide the learning process. On the other hand, in textbook-centered instruction, teachers sometimes relied too much on the text and worksheet and failed to monitor understanding to correct misconceptions. Ideally, teachers need to explain ideas to the students rather than presume that the text alone does it.

Guiding Thinking and Reasoning Skills. Checks on students' prior knowledge and monitoring of their understanding during a lesson can enhance yet another significant educational area — reasoning and thinking skills. These skills have also received considerable attention from researchers. Palincsar (1984), for example, presented research on a reciprocal teaching procedure which involved teacher-guided questions about material which the students had just read. Results indicated that students made gains in achievement as a result of guidance in questioning skills. Raphael and Gavelek (1984) noted that questioning activities have the potential for generating both comprehension and metacomprehension of textual materials and have ramifications for comprehension in nontext situations such as computer interactions and listening activities.

Summarization activities have also been addressed as an aid to understanding. Brown, Campione, and Day (1981) have suggested summarization strategies as a useful test of comprehension and retention based on a study in which they taught a series of rules involving deletion of unnecessary material, substitution of a superordinate term for certain items, and selection of a topic sentence to indicate grasp of material. Wong (1985) also recommended teaching handicapped adolescents summarization skills involving the use of main-idea statements for every heading, subheading, and paragraph. She noted that rules for guiding reasoning skills have particular instructional implication for passive learning disabled students and could possibly prove useful in enhancing their thinking and studying skills.

As these authors have suggested, well-designed questions and verbal interactions can (a) determine the prior knowledge base from which instruction should begin, (b) monitor progress, and (c) guide reasoning and understanding. Roth et al. (1984) summed up the critical importance of these interactions: "The teacher must *think* about students' thinking rather than merely provide opportunities for students to learn on their own, and must say things to help students go beyond what they can learn independently. In short, the responsibility for instruction belongs with the teacher and *not* with the curriculum materials" (p. 286).

Concept Acquisition

Finally, teachers' instructional practices can markedly affect the critically important area of concept acquisition for handicapped adolescents — an area which has become the focus of attention for educational commentators (Goodlad, 1984). For teachers who wish to enhance students' acquisition of concepts, the combined techniques of textual analysis, lecture, and discussion continue to be of utmost importance. Many researchers have incorporated these elements into useful techniques aimed at concept acquisition.

Concept Mapping and Analysis Techniques. For example, Pearson and Johnson (1978) developed a system of semantic mapping in which free associations recorded by the teacher during class discussions are related to key concepts using a networking procedure that notes the relation of class, example, and property. Johnson and Pearson (1981) also arrived at a "semantic feature analysis" (p. 40) in which associations for a given concept are arranged on a grid. Examples of a concept are listed as column on the left side of the paper with features across the top. Students mark the characteristics of a given example with a "o" and those not present with a "-". In this manner, relationships are presented visually on a single page. Armbruster and Anderson (1982) discussed a mapping technique applicable to an entire text which provides for identification of key material and symbolic representation of relationships such as cause and effect or comparison and contrasts.

Concept-Teaching Routine. Another technique for teaching concepts was developed by Bulgrin and Deshler (1985). Building on research in cognitive psychology, the authors incorporated teaching skills from textual analysis, lecture, and discussion to present concept-teaching routines. Initially, the teacher is guided through an analysis of the text or other source of content information such as notes, films, and handouts. The first step involves specifying a vocabulary list of key words, a common starting point for many teachers as they prepare a lesson. Such a starting point reflects the belief that teachers will incorporate new teaching techniques more easily into their instruction if the proposed routine is adaptable to patterns already existing in the regular classroom (Parish & Arends, 1983).

After preparing a vocabulary list, the teacher sorts each word into a category which is identified with a marking prescribed in the proposed routine. For example, a rectangle is drawn around a word which identifies a concept; characteristics of that concept are underlined; examples of that concept are circled, and so forth. These visual codes are used throughout the concept-teaching routine and become easily identified by teacher and students. Next, the vocabulary words are transferred to a single-page concept diagram. The diagrams provide space for writing the name of the concept, a precise definition of the concept, important characteristics, and examples of the concept as identified in the vocabulary list.

From this initial analysis, the teacher prepares for a lecture presentation of the concept utilizing a chalkboard or an overhead projector to present the concept-teaching diagrams. Since each concept diagram consists of a single page, the material may be kept before the students throughout the lecture. For example, if focusing on a single concept such as fossils, the teacher carefully defines the concept and proceeds to present critical characteristics of a fossil as identified in the vocabulary list. Through lecture and class discussion, teacher and students may determine the following characteristics of fossils: they are "very old" and are "remains or prints" which come from "plants and animals". These characteristics are listed in the appropriate places on the concept diagram.

In addition, the concept-teaching diagram allows space for examples. Again, through lecture and discussion, the class may determine that examples of fossils include "tiger remains in the La Brea Tar Pits", "hardened wood from the petrified forest in Arizona", or "leaf or shell prints in the limestone layers". The concept diagrams provide for listing of nonexamples as well as examples to provide a dynamic, interactive check on student understanding and application of a concept analysis. Dynamic analysis of the concept is encouraged because the students and teacher may utilize the concept diagrams to draw lines from an example to its characteristics to verify the accuracy of the concept. Additionally, the concept-teaching diagrams allow for both lecture presentations and *discovery* presentations.

CONCLUSION

Coping with the complex social and curricular demands of secondary schools can be extremely frustrating for adolescents with learning disabilities or behavioral disorders. Expectations continue to increase and often these students lack the skills required to respond to the requirements for graduation. As frustration and failure mount, problems of truancy, delinquency, and dropout increase commensurately. We have argued in this article that a broad array of instructional procedures can be individualized to better understand why these adolescents are failing in secondary schools and how teaching environments can be designed to enhance these students' ability to learn and benefit from the curriculum content to

which they are exposed. Our purpose has been to highlight some empirically-validated procedures that have been found successful with handicapped and low-achieving adolescents in secondary settings. Application of these and other yet-to-be designed instructional procedures will contribute to the academic success and social adjustment of adolescents with learning disabilities and behavioral disorders.

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Curriculum Needs: Perceptions of Handicapped Adolescents

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ABSTRACT

Very often high school students who have found themselves in a pattern of failure have been unable to remain in the "traditional" high school setting. This study examined one method of instituting change within the public school setting through the involvement of students in the curriculum development process. A questionnaire was developed to reflect meaningful curriculum areas: communications, mathematics, science/social studies, and work and myself. Results of this study indicated that special education high school students were able to participate in completing a questionnaire designed to identify their perceived educational needs in several curriculum areas. Additionally, learning disabled and emotionally disturbed students responded similarly to the majority of items. Implications for instruction, individual and group, are discussed.

Very often high school students who have found themselves in a pattern of failure are unable to remain in a "traditional" educational system. This traditional system (often referred to as the mainstream), although appropriate and effective for a large percentage of population, is often ineffective and inappropriate for the student having experienced varying amounts of failure (i.e., academic and/or behavioral difficulties). In fact, failure may be, in part, defined in terms of a student's inability to incorporate or make use of "standard" curriculum. This may be due to a lack of motivation, perceived nonrelevance of academic instruction, and the consequent blocking of traditional paths for achievement. One means of increasing the effectiveness of the educational system for adolescents who have failed in this traditional system may be through the construction of meaningful curriculum.

The purpose of this study is to analyze the results of a pilot attempt to construct pertinent and perceived meaningful curriculum. We are asking whether adolescents with learning and behavioral disorders can participate in the development of their own curriculum.

Curriculum Change Versus Mainstreaming

The mainstream has been lauded by many as the unique answer to the problems of the handicapped. This concept has been challenged by a variety of sources. Papanikou and Spears (1977) state:

Too many systems have adopted the concept without adequate attention to program and curriculum revisions that are essential for system attitude change as well as a successful education experience for the child. (p. 119)

Gottlieb (1981) summarizes the state-of-the-art by saying:

One point that should not be forgotten is that mainstreaming evolved from disenchantment with self-contained classes. The changes that occurred were entirely administrative. New educational techniques or approaches were not introduced. The main expectation was that EMR children would do no worse in mainstreamed classes than in self-contained classes. The expectation was not that they would be better. (p. 124)

Similarly, Keogh and Levitt (1979, p. 407), speak to the issue of implementing the concept of mainstreaming in terms of the existing "confrontation of limitations". They address the importance of matching educational arrangements including administrative capabilities with learner characteristics. Their research at UCLA points to the lack of data to support the efficacy of mainstreaming and, more importantly, the lack of perceived competence on the part of regular education teachers.

Given the concern that the concept of mainstreaming "will not, of itself, solve a single problem of a single child" (Cruikshank, 1977, p. 193), careful consideration must be given to the nature of this failure. Addressing this issue becomes even more critical for high school students who only have a short time left in school. The existing failure pattern must be broken. Wholesale mainstreaming will more than likely be unsuccessful in breaking the handicapped adolescents practiced failure pattern.

"Failure-prone" students often view school as "ego-alien". The stress on middle-class values and structure and the demands for academic achievement for its own sake (often with little indication of the tie into future needs) is often an implied curriculum focus. Additionally, this implied focus often fails to evaluate the social status or class membership of individual students; therefore, students frequently consider the curriculum inaccessible and reject the expected outcomes or "student behaviors". Gagnon (1981) states:

To succeed in school, a youngster must see his task, his function within [a similarly inclined peer] group. He must experience responses that give him/her a sense of belonging. Active youngsters with short attention spans [and histories of lack of achievement] are faced with hostile rejection from their conformist teacher. Such youth encounter a curriculum reflective of middle class status and values. Consequently, school becomes a meaningless chore where he/she is seldom right and often in trouble. (p. 3)

One means of instituting change in the public school setting, the construction of a *meaningful* curriculum, is the focus of this paper. The high school students who worked with us are real; they have experienced failure in some form during significant portions of their student careers. Their answers to our questions will help us shape their educational goals and these answers may ultimately help them answer questions about their own problems and futures.

Curriculum change as an intervention strategy with learning disabled and emotionally disturbed students is not an altogether new or profound idea (Morse, 1969; Roman, 1957; Rose, Epstein, Cullinan, & Lloyd, 1981). Kauffman and Nelson (1976) state, "Education should reflect the changes which occur in a dynamic society and help prepare individuals to adapt to and help create such changes" (p. 37). Nelson and Polsgrove (1981) believe that the institution (school) has been insensitive to students' needs. This insensitivity, thereby, creates an atmosphere conducive to the causation of new and/or continuance of existing behaviors that interfere with the meeting of productive and appropriate educational goals.

In examining process predictors of "Self-Reported Delinquency" (SRD), Truckenmiller (1982) found that human relationship variables in contrast to educa-

tional or occupational variables were the strongest predictors of SRD. Yet, this data also showed a high correlation between self-esteem and educational programs. Participation in the determination of subject matter and the relevance of subject matter to self-perceived levels of competence, therefore, is crucial.

Pappanikou and Johnson (1973) found a significant correlation between reading achievement and conduct disorders. Similarly, Coutinho (1981), in reviewing a large body of literature concerning academic achievement and behavior, found these studies to show, for the most part, a similar relationship. Her review demonstrates a relationship between reading achievement at the elementary grades and behavioral disorders at the secondary level.

In what context, then, is curriculum (content) to be delivered? Through curriculum change do we mean "throwing the baby out with the bathwater?" The answer must be NO! The intent of curriculum change is not to radically modify the traditional content of instruction, reading, and mathematics, but to deliver the content of reading and mathematics in a context which will be relevant and useful to the heretofore described students. Smith, Rice, and Gantley (1981) summarize clearly in stating that:

teachers of adolescents with behavior disorders must exercise an unusual degree of insight, versatility, and mastery of the facts and principles of academic subjects and basic skills and they should apply these qualities to a repertoire of techniques for engaging the student in meaningful learning activities that correspond to special needs, sense of relevance, and progress toward independent and constructive maturity. (p. 239)

Recent reports and cautions with respect to the quality of our nation's schools should be considered at this point. The reluctant learners we have described are interested more in survival than excellence. And indeed, we must provide that excellence. Procedures such as the one we will describe may be perceived as "watering down already weak high school special education offerings" or as attempting to pump more of what has been traditionally ineffectual into resistant students. Neither perspective is accurate — our mission at this stage is to provide students with the best possible skills and knowledge for later life through increasing their receptivity within the learning environment.

Of course, it must be remembered that changing curriculum alone will not solve all of our difficulties. This paper focuses on a model for curriculum development in such a manner that the how, who, and where can be more efficiently and practically addressed. How curriculum is to be delivered (Cawley, 1978), who will deliver instruction (Blatt, 1976; Morse, 1982), and where all this will take place (Hobbs, 1966; Pappanikou, 1979) are all critical issues which must be addressed if curriculum change is to be a viable addition to the intervention process.

Curriculum Study

A curriculum study was undertaken in a small Connecticut city employing consultants from the University of Connecticut working in conjunction with the high school teaching faculty and directly with the student population. The overall curriculum goal was outlined by the study's authors (Reich, Brettschneider, Norlander, & Esposito, 1983) as follows:

The ultimate goal of any curriculum is to organize and offer information that meets a recipient's social and developmental needs. In particular, curriculum content must reflect a degree of practicality such that the student may perceive some degree of relevance and relationship with the knowledge and skills to be acquired. (p. 29)

Sample

The students who piloted the questionnaire came from a classroom with two special education teachers. The class served as both a resource room and a self-contained class. Included in the sample were 41 high school students in grades 9-12. A breakdown of the class population by special education classification indicated that there were 11 emotionally disturbed, 23 learning disabled, and 4 mentally retarded students; 3 students were unclassified. A heterogeneous classroom such as this does appear to be more typical at the high school level than in the elementary grades, specifically, when the mitigating variable — behavior — determines placement decisions.

METHOD

Teachers and consultants began by outlining general areas of instruction: (a) communications, (b) mathematics, (c) work and myself, and (d) science/social studies. The guiding strategy for this curriculum project incorporated two encompassing goals:

1. the presentation of realistic information which would increase the potential for the student's vocational and social/emotional success after leaving high school; and

Communications

What is most important for you to know?

- a. how to read a job application
- b. how to read and use a newspaper
- c. how to use a dictionary

Mathematics

I can make change at a store.

Responses range from 1 = not at all to
5 = all of the time

Work and Myself

When someone criticizes me, I . . .

- a. get angry
- b. listen
- c. try to change my ways

Science

Having children is a big responsibility. What would you like to know more about?

- a. contraception
- b. family planning
- c. how to raise children

Figure 1: Sample Questions Representing Curriculum Areas on Questionnaire

2. the individualization (skill use) to any particular special needs student for which it is applied.

The questionnaire was developed to incorporate the overall goals of the curriculum and the general content areas, and was then field tested with a self-contained high school class. Figure 1 represents one question from each curriculum area. (The complete questionnaire can be found in Appendix I.) It should be noted that variability in response patterns was incorporated in the questionnaire. Some questions required yes/no type responses, others required rating knowledge on a scale from 1-5, while still others requested the selection of a multiple choice type response.

Students were directed to respond to as much of the questionnaire as they felt able, reading all choices carefully before answering. They were ensured that responses would be kept confidential and would in no way affect grades. Identification numbers were assigned before scoring took place and one of the students helped code the information for data analysis. Students reported that completing the questionnaire was relatively enjoyable and were observed to be task-involved during data collection. Students who had difficulty reading any portions of the questionnaire were provided with assistance.

In analyzing the data from this questionnaire, the authors were primarily interested in evaluating the responses given by individual students as well as class or subgroup (LD, ED, MR) data. Frequencies across subgroups were calculated. Of secondary interest was the examination of differences in group (LD, ED) responses. An ANOVA procedure was employed for this purpose and a .10 level of significance was chosen versus a more conservative alpha level as the researchers were interested in identifying indicators of direction or trend.

RESULTS

Appendix I presents student responses to the questionnaire by listing percentages of item choices for the total group as well as by handicapping condition (LD, ED, MR). Table 1 shows a sample item from the content area — communications—and the percentage of responses to each possible answer.

TABLE 1
*Sample Item and Percentage of Responses to Answers
for Combined Groups and by Group (LD, ED, MR)*

Content Area: Communication Question: What is most important to you?	Combined Groups N = 41*	% of Responses		
		LD N = 23	ED N = 11	MR N = 4
Responses:				
a. how to read a job application	80.5	78.3	90.9	75.0
b. how to read and use a newspaper	7.3	8.7	0	25.0
c. how to use a dictionary	12.2	13.0	9.1	0

*Note: 3 unclassified students are not included in the individual group analysis.

One-way analyses of variance were computed to check for group (LD and ED) differences on item responses. For the most part, groups did not differ significantly relative to item responses. Only five items revealed significant differences, ranging from $p < .02$ through $p < .10$. ANOVA results for these five items can be found in Table 2.

Educational Implications

As there are no "right" or "wrong" answers, careful scrutiny of Appendix I in juxtaposition with the ANOVA results is critical if these data are to be used in planning changes in curriculum. Examples of how data might be used instructionally follow.

1. Refer to Table 1 or Communications I in Appendix I. This item shows that most of the students would be interested in learning how to read a job application (80.5%). This might be accomplished as a group activity, while use of a dictionary (12.2%) might be an appropriate individual(s) objective. Also, refer to Communications 4 and 5. In response to these items, students further elaborate on skills needed for completing a job application (i.e., understanding how the application is organized).

2. Refer to Table 2 and Communication 7 in Appendix I. In answer to the question, Why are you having a difficult time reading?, the two groups (LD and ED) differed in their responses at the .08 level of probability. Of the LD group 61% said their reading difficulty was due to their inability to pronounce all the words they encountered while the ED group split their responses between all three possible choices. As approximately half of the class perceived a problem in pronunciation, reading instruction for this group might concentrate on this area of weakness. The teacher should bear in mind that this is a perceived problem and may or may not be accurate. If the student is already competent in this area but perceives incompetence, the additional instruction may be used to improve self-confidence as opposed to teaching a new skill.

It should be noted that responses to the pilot questionnaire for the most part appear to present an accurate picture of perceived curriculum needs for this particular group of students. Indications of this accuracy can be found in analyzing items such as Mathematics 3 and 6. Of the group 83% said they could read a clock "all of the time" (item 6) while only 10% said they could fill out a tax form "all of the time". These figures would seem typical in terms of expected skill levels for high school students.

DISCUSSION

Generally, the pilot questionnaire showed that students were able to participate in defining relevant areas of instruction (curriculum needs). More specifically, there were relatively few differences with respect to individual item responses between the group classifications of learning disabled and emotionally disturbed. This lack of difference is not to suggest that these students are similar in other areas, but it does indicate that in regard to perceived curriculum needs, there is a high degree of similarity. We as educators of handicapped adolescents must, therefore, be aware of this high degree of similarity between learning disabled and emotionally disturbed students with respect to curriculum perceptions and possibly be less aware of diagnostic labels.

Additionally, it does appear that this type of questionnaire, directed toward defining individual and groups needs, may be useful in writing relevant goals and objectives. As a result of using this technique, teachers have become more atten-

TABLE 2

Summary of Analysis of Variance for Groups: Learning Disabled and Emotionally Disturbed

Curriculum Area	Item #*	Question	Source of Variation	Sum of Squares	df	Mean Square	F	Significance of F
Communications	7	You are having difficulty reading because ...?	Between Groups	2.411	1	2.411	3.130	0.086
			Within Groups	24.648	32	0.770		
			Total	27.059	33	0.820		
Communications	8	You are having a drinking problem. It is important for you to find people who can help you. What would you like to know more about?	Between Groups	1.381	1	1.381	3.017	0.092
			Within Groups	14.648	32	0.458		
			Total	16.029	33	0.486		
Mathematics	3	How well do you do on the task - keeping a budget?	Between Groups	15.150	1	15.150	6.287	0.017
			Within Groups	77.114	32	2.410		
			Total	92.264	33	2.796		
Work and Myself	10	Do you know how to avoid problems with others?	Between Groups	1.730	1	1.730	3.011	0.082
			Within Groups	18.387	32	0.575		
			Total	20.118	33	0.610		
Science	4	People go through changes in their lives. These changes affect them in different ways. What would you like to know more about?	Between Groups	3.013	1	3.013	3.633	0.066
			Within Groups	26.545	32	0.830		
			Total	29.559	33	0.896		

*See breakdown of frequency data in Appendix I for further analysis of item data.

tive to student statements of perceived need and students feel more comfortable in making such statements. It is important to note, however, that the questionnaire employed here can and most probably should be modified to fit individual program circumstances and subject matter thrust. In other words, it is the procedure and what it communicates to and seeks from students that impacts more than the specific items.

A questionnaire of this type is just the first step. A further study might include administration of a similar questionnaire and the implementation of a curriculum based upon perceived student needs. Questions such as: Did students have a positive change in attitude toward learning (school) as a result of participation in the curriculum project? or Did students make academic gains in the areas of reading and mathematics as a result of the curriculum project? These questions need to be asked.

Finally, if a goal in education is to assist students in becoming independent adults, a first step toward achieving this goal may be the recognition of the self-determinant nature of the adolescent. While the educators have chosen the content areas and the actual focus of the questions in this questionnaire, the student has selected the emphasis and hierarchy of their curriculum.

APPENDIX I

Results of Pilot Questionnaire

Curriculum Areas: Questions and Responses	Percentage of Response			
	Combined Groups N=41*	LD N=23	ED N=11	MR N=4
I. Communications				
1. What is most important to you?				
a. How to read a job application	80.5	78.3	90.9	75.0
b. How to read and use a newspaper	7.3	8.7	0	25.0
c. How to use a dictionary	12.2	13.0	9.1	0
2. If you were working on the job, what would you want to know about most?				
a. How to read a job manual	48.8	52.2	45.5	50.0
b. How to read and understand safety precautions	26.8	26.1	18.2	25.0
c. How to look for help when you need it	24.4	21.7	36.4	25.0
3. You can communicate in many ways; however, when you write a letter there are certain things you must know how to do. What would you like to do most?				
a. Write in complete sentences	31.7	26.1	27.3	75.0
b. Be able to use a dictionary	12.2	17.4	0	0
c. Know how to set up a letter	56.1	56.5	72.7	25.0

	Combined	LD	ED	MR
4. After reading a job application, what would be most important to you?				
a. Writing in complete sentences	19.5	13.0	18.2	50.0
b. Printing clearly	14.6	17.4	18.2	0
c. Spelling correctly	65.9	69.6	63.6	50.0
5. When reading a job application, there are certain things you must know how to do. What would you like to know how to do most?				
a. Read the directions completely	26.8	26.1	36.4	25.0
b. Ask for help in reading the application	17.1	21.7	9.1	25.0
c. Understanding how the application is organized	53.7	52.2	54.5	25.0
d. No response	2.4	0	0	25.0
6. You're living on you own. What is the most important thing for you to know?				
a. Read a cookbook	12.2	13.0	0	25.0
b. Read a newspaper	2.4	4.3	0	0
c. Read the bills when they come in	82.9	82.6	100.0	50.0
d. No response	2.4	0	0	25.0
7. You are having a difficult time reading. It is because . . .				
a. You can't pronounce all the words	48.8	60.9	27.3	50.0
b. You don't know the meanings of all the words	22.0	13.0	36.4	25.0
c. You read too slowly	24.4	21.7	36.4	0
d. No response	4.9	4.3	0	25.0
8. You are having a drinking problem. It is important for you to find people who can help you. What would you like to know more about?				
a. To find services listed in the newspaper	4.9	4.3	0	0
b. To find services listed in the telephone book	24.4	30.4	9.1	25.0
c. Finding a support group such as a church, a family service center, Ala-Teen, etc	63.4	60.9	90.9	50.0
d. No response	7.3	4.3	0	25.0
9. Every year you must fill in a tax form. What would you like to know more about?				
a. What taxes mean	14.6	8.7	18.2	50.0
b. How to fill out the form	58.6	73.9	54.4	25.0
c. How to get help with the form	19.5	13.0	27.5	0
d. No response	7.3	4.3	0	25.0

	Combined	LD	ED	MR
10. You have a job and receive a check every week. On the check are words and abbreviations, for example: FICA, annuity, cash gross. What would you like to know more about?				
a. Savings plans	39.0	34.8	45.5	75.0
b. Insurance plans	12.2	8.7	27.3	0
c. Retirement plans	14.6	13.0	9.1	0
d. What the words mean	26.8	39.1	18.2	0
e. No response	7.3	4.3	0	25.0

II. Math

Directions: Answer the following statements by indicating how well you do on each task. Use the following measure.

	1	2	3	4	5				
	Not At All	A Little	Some of The Time	I'm Learning	All of The Time				
1. Measure a window					1	0	0	0	0
					2	26.8	26.1	9.1	50.0
					3	12.2	13.0	9.1	25.0
					4	9.8	8.7	18.2	0
					5	43.9	47.8	63.6	0
				No Response		7.3	4.3	0	25.0
2. Write a check					1	7.3	13.0	0	0
					2	9.8	8.7	18.2	0
					3	24.4	26.1	9.1	50.0
					4	17.1	17.4	9.1	25.0
					5	34.1	30.4	63.6	0
				No Response		7.3	4.3	0	25.0
3. Keep a budget					1	24.4	43.5	0	0
					2	17.1	13.0	18.2	50.0
					3	9.8	4.3	18.2	25.0
					4	19.5	17.4	27.3	0
					5	22.0	17.4	36.4	0
				No Response		7.3	4.3	0	25.0
4. Fill out a tax form					1	56.1	60.9	72.7	25.0
					2	9.8	13.0	0	0
					3	0	0	0	0
					4	14.6	4.3	18.2	50.0
					5	9.8	13.0	9.1	0
				No Response		9.8	8.7	0	25.0

		Combined	LD	ED	MR
5. Read a calendar	1	0	0	0	0
	2	4.9	4.3	0	0
	3	2.4	0	0	25.0
	4	2.4	4.3	0	0
	5	78.0	87.0	90.0	50.0
	No Response	12.2	4.3	9.1	25.0
6. Read a clock	1	2.4	4.3	0	0
	2	0	0	0	0
	3	2.4	4.3	0	0
	4	2.4	0	9.1	0
	5	82.9	87.0	90.9	50.0
	No Response	9.8	4.3	0	50.0
7. Figure gas mileage	1	22.0	21.7	18.2	50.0
	2	4.9	4.3	0	25.0
	3	12.2	13.0	18.2	0
	4	19.5	26.1	18.2	0
	5	34.1	30.4	45.5	0
	No Response	7.3	4.3	0	25.0
8. Make change at the store	1	19.8	4.3	0	50.0
	2	9.8	8.7	9.1	25.0
	3	9.8	4.3	27.3	0
	4	14.6	17.4	9.1	0
	5	48.8	60.9	54.5	0
	No Response	7.3	4.3	0	25.0
9. Measure ingredients in a recipe	1	4.9	8.7	0	0
	2	14.6	17.4	9.1	0
	3	2.4	0	0	25.0
	4	17.1	13.0	27.3	25.0
	5	51.2	52.2	63.6	25.0
	No Response	9.8	8.7	0	25.0
10. Keep a bank account in balance	1	22.0	26.1	18.2	25.0
	2	9.8	13.0	0	25.0
	3	14.6	13.0	0	25.0
	4	17.1	8.7	45.5	0
	5	29.3	34.8	36.4	0
	No Response	7.3	4.3	0	25.0
11. Read a road map	1	12.2	13.0	9.1	25.0
	2	12.2	17.4	0	25.0
	3	9.8	8.7	9.1	0
	4	26.8	26.1	36.4	0
	5	31.7	30.4	45.5	25.0
	No Response	7.3	4.3	0	25.0

	Combined	LD	ED	MR
12. Figure out the best buy in the store				
1	9.8	13.0	0	25.0
2	14.6	4.3	27.3	25.0
3	9.8	8.7	9.1	25.0
4	7.3	8.7	0	0
5	51.2	60.9	63.6	0
No Response	7.3	4.3	0	25.0
III. Work and Myself				
1. With whom do you cooperate the most?				
a. My parents	43.9	39.1	54.5	50.0
b. My teachers	4.9	8.7	0	0
c. My friends	41.5	47.8	36.4	25.0
d. No response	9.8	4.3	9.1	25.0
2. When someone criticizes me, I . . .				
a. Get angry	48.8	47.8	72.7	0
b. Listen	24.4	21.7	18.2	50.0
c. Try to change my ways	19.5	26.1	9.1	25.0
d. No response	7.3	4.3	0	25.0
3. You have a new job. Your boss is excited to have you on the job. Do you do you job because . . .				
a. I get paid	12.2	17.4	9.1	0
b. I'm eager to learn new things	19.5	26.1	18.2	0
c. Both A & B	58.5	52.2	63.6	75.0
d. No response	9.8	4.3	9.1	25.0
4. Do you want to know what rights you have working on a job?				
a. Yes	75.6	78.3	81.8	50
b. No	2.4	4.3	0	0
c. Not sure	12.2	13.0	9.1	25.0
d. No response	9.8	4.3	9.1	25.0
5. Do you know what workman's compensation is?				
a. Yes	39.0	34.8	54.5	50
b. No	26.8	39.1	9.1	0
c. Not sure	26.8	21.7	36.4	25.0
d. No response	7.3	4.3	0	25.0
6. Do you know what the term OSHA means?				
a. Yes	12.2	13.0	9.1	25.0
b. No	65.9	65.2	72.7	50.0
c. Not sure	14.6	17.4	18.2	0
d. No response	7.3	4.3	0	25.0

	Combined	LD	ED	MR
7. Do you know how to get a raise or promotion?				
a. Yes	61.0	60.9	72.7	50.0
b. No	12.2	21.7	0	0
c. Not sure	19.5	13.0	27.3	50.0
d. No response	7.3	4.3	0	25.0
8. Do you know what people like in other people?				
a. Yes	63.4	69.6	72.7	50.0
b. No	9.8	13.0	9.1	0
c. Not sure	17.1	13.0	9.1	25.0
d. No response	9.8	4.3	9.1	25.0
9. Do you now how to make a good impression?				
a. Yes	73.2	69.6	81.8	75.0
b. No	0	0	0	0
c. Not sure	17.1	26.1	9.1	0
d. No response	9.8	4.3	9.1	25.0
10. Do you know how to avoid problems with other people?				
a. Yes	68.3	60.9	90.9	75.0
b. No	7.3	13.0	0	0
c. Not sure	12.2	17.4	0	0
d. No response	12.2	8.7	9.1	25.0
IV. Science				
1. Having children is a big responsibility. What would you like to know more about?				
a. Contraceptions	22.0	21.7	18.2	50.0
b. Family planning	43.9	43.5	54.5	25.0
c. How to raise children	26.8	30.4	27.3	0
d. No response	7.3	4.3	0	25.0
2. Drugs can effect you in many ways. Sometimes even the experts don't know how they effect you. What do you want to know more about?				
a. The effects certain drugs can have on you	31.7	30.4	45.5	25.0
b. The long-lasting effects of taking certain drugs	34.1	39.1	36.4	0
c. A complete drug education course	26.8	26.1	18.2	50.0
d. No response	7.3	4.3	0	25.0

	Combined	LD	ED	MR
3. Men's and women's bodies are different in many ways. What would you like to know more about?				
a. Men's bodies	7.3	4.3	9.1	25.0
b. Women's bodies	46.3	43.5	72.7	0
c. Both A & B	31.7	39.1	9.1	50.0
d. No response	14.6	13.0	9.1	25.0
4. People go through changes in their lives. These changes affect them in different ways. What would you like to know more about?				
a. What changes most people go through	24.4	30.4	18.2	0
b. Just the changes teenagers go through	19.5	26.1	0	50.0
c. A complete course on changes	48.8	39.1	81.8	25.0
d. No response	7.3	4.3	0	25.0
5. People behave in certain ways because they have been taught to. These behaviors are called traditions or customs. What would you like to know more about?				
a. How tradition and customs affect all people	26.8	21.7	36.4	50.0
b. How traditions and customs affect teenagers	31.7	30.4	36.4	25.0
c. Both A & B	24.4	30.4	18.2	0
d. No response	17.1	17.4	9.1	25.0

*Three unclassified students were not included in group breakdowns.

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Factors Influencing Teachers' Acceptability of Classroom Interventions for Deviant Student Behavior

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ABSTRACT

Teachers in consultative roles are frequently faced with the need to design and to assist with the implementation of interventions for classroom behavior problems. When choosing an intervention, consulting teachers should consider a number of factors that influence the effectiveness, use, and integrity of the intervention. Within this context, one important factor is the acceptability of the intervention to potential consumers of the method. This article reviews research pertaining to treatment acceptability and attempts to integrate these studies in order to provide a knowledge-base for consultants who work with teachers of children with behavior problems.

Teachers of behaviorally disordered children are frequently called upon to consult with other school personnel in the formulation of intervention strategies for the improvement of student behavior problems. Within a consulting role, teachers can recommend interventions which have been proven experientially and empirically to be effective methods for changing behaviors. Consulting teachers, however, may find situations where these techniques do not yield the desired results. Why did the intervention techniques fail to work?

A growing fund of research exists that is premised on the assumption that how consumers and caretakers (i.e., parents, teachers, and children) feel about an intervention can impact the effectiveness of the method (Elliott, Witt, Galvin, & Peterson, 1984; Kazdin, 1980a, 1980b, 1981; Martens, Peterson, Witt, & Cirone, 1984; Martens, Witt, Elliott, & Darveaux, in press; Witt & Elliott, 1982; Witt, Elliott, & Martens, 1984; Witt & Martens, 1982; Witt, Martens, & Elliott, 1984; Witt, Moe, Gutkin, & Andrews, 1984; Witt & Robbins, 1985; Wolf, 1978). In particular, it has been hypothesized that if users or recipients of an intervention do not like it, then they may undermine it, use it half-heartedly, or even sabotage treatment efforts (Wolf, 1978). On the other hand, if the users of an intervention believe it is acceptable, they may try harder to use the intervention correctly and have a vested interest in its success. Generally speaking, acceptability refers to perceptions of

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whether an intervention is fair, reasonable, and appropriate. Thus, it is important for consultants to be aware of factors which effect teachers' judgments of the intervention acceptability. Knowledge of such factors could be useful for the improvement of existing classroom intervention methods. The primary goal of this review is to summarize the major findings of research on teacher's acceptability judgments of interventions for children exhibiting behavior problems.

Assessment of Treatment Acceptability

In most research pertaining to treatment acceptability, the basic procedures are about the same. First, subjects read, listen to, or view a short scenario of a problem situation and a possible solution to the problem. Then the subjects answer written questions about how acceptable they judge the intervention to be to improve the problem situation. To date, three basic scales have been used to assess the acceptability of teachers and other adults. Each of these instruments will be briefly described.

Kazdin has used two instruments to assess acceptability: (a) the Treatment Evaluation Inventory (TEI; Kazdin, 1980a), and (b) the Semantic Differential (SD; Osgood, Suci, & Tannenbaum, 1957). The TEI contains 16 questions which are rated on a 7-point Likert scale that assesses the acceptability of an intervention. Respondents answer questions about acceptability, suitability, and fairness of the procedures. The SD contains 15 questions rated on a 7-point Likert scale that assesses evaluative (e.g., good-bad), potency (e.g., strong-weak), and activity (e.g., active-passive) dimensions.

The third major instrument, developed by Witt and Martens (1983), is the Intervention Rating Profile (IRP), which is a scale designed specifically for use in school settings. The original IRP was a 20-question, five-factor profile where each question was scored on a 6-point Likert scale ranging from *Strongly Disagree* to *Strongly Agree*. The IRP specifically addresses acceptability issues in the school setting and is completed by an adult, usually a teacher.

Review of Salient Factors Influencing Treatment Acceptability

In reviewing the data from acceptability research with teachers, a number of trends become evident. Table 1 categorizes some of the salient variables that have been identified in acceptability research with teachers and other adults. The remainder of this review will focus on discussing some of the pertinent trends from the existing studies conducted with teachers.

Acceptability of Positive and Reductive Interventions

The results of a number of studies (Elliott, Witt, Galvin, & Peterson, 1984; Kazdin, 1980a, 1980b, 1981; Witt, Elliott, & Martens, 1984) have shown that positively oriented interventions (i.e., those designed to increase appropriate responding) are more acceptable to teachers than reductive interventions (i.e., those designed to decrease inappropriate behavior). For example, in a two-part study Kazdin (1980b) assessed the relative acceptability of various types of timeout from reinforcement techniques. The first part of this study focused on the effectiveness of interventions. Ratings of psychological consumers showed reinforcement to be most effective followed by contingent observation, withdrawal of attention, and isolation. In the second part of this study, undergraduate introductory psychology students listened to tape recorded case descriptions and intervention methods. The results indicated that reinforcement (i.e., a positive intervention) was the most

TABLE 1

Summary of Major Trends in Teacher and Other Adult Acceptability Research

Variable Investigated	Major Findings	Investigation
Positive and negative interventions	1. Positive interventions are more acceptable than negative interventions	1. Kazdin, 1980a 2. Kazdin, 1980b 3. Kazdin, 1981 4. Witt, Elliott, & Martens, 1984 5. Witt, Martens, & Elliott, 1984 6. Elliott, Witt, Galvin, & Peterson, 1984
Efficacy	1. There is an inverse relationship between perceived treatment efficacy and acceptability 2. There is no relationship between perceived treatment efficacy and acceptability	1. Kazdin, 1980a 2. Kazdin, 1980b 1. Kazdin, 1981
Problem severity	1. The more severe the problem, the more acceptable interventions are judged	1. Kazdin, 1980a 2. Martens, Witt, Elliott, & Darveaux, press 3. Witt & Robbins, 1985 4. Witt, Moe, Gutkin, & Andrews, 1984
Time required for the intervention	1. The lower the amount of time needed to initiate and maintain an intervention the more acceptable the intervention is rated 2. The higher the amount of time required to initiate and maintain an intervention the more acceptable the intervention is rated	1. Witt, Elliott, & Martens, 1984 2. Witt, Martens, & Elliott, 1984 1. Martens, Witt, Elliott, & Darveaux, in press

Teaching experience	1. There is an inverse relationship between amount of teaching experience and the acceptability of interventions	1. Witt & Robbins, 1985 2. Witt, Moe, Gutkin, & Andrews, 1984
Who conducts the intervention	1. Interventions monitored by teachers are more acceptable than interventions monitored by the principal	1. Witt & Robbins, 1985
Frequency and ease of use of interventions	1. The least frequently used interventions are those that remove the student from the classroom 2. The interventions rated as the most difficult to use were punishments requiring physical contact	1. Martens, Peterson, Witt, & Cirone, 1984 1. Martens, Peterson, Witt, & Cirone, 1984

acceptable followed in order by a series of reductive interventions including isolation with a contractual arrangement, withdrawal of attention backed by isolation, and isolation.

Treatment Efficacy and Its Relation to Acceptability

A major hypothesis in acceptability research is that the acceptability of an intervention will ultimately influence the effectiveness of the intervention. For example, it is hypothesized that timeout will be less effective if the child receiving it believes it is unacceptable than if the child believes it is acceptable. Thus far, field-based tests of this hypothesis have not been published. However, the results from analog studies assessing the efficacy/acceptability issue using written scenarios have not been supportive. Kazdin (1981), for example, had undergraduate introductory psychology students listen to tape-recorded problem situations depicting children with behavior problems of varying severity levels. Subjects then listened to a description of one of four treatments (reinforcement, timeout from reinforcement, positive practice, and drug therapy). To assess how the perceived efficacy of intervention affected the undergraduate students' ratings of the acceptability of the interventions, all of the interventions for one subject were either described as having strong effects (i.e., rapid and virtually complete elimination of the problem) or weak effects (less rapid but clear improvements). The main effect for efficacy was not significant. Efficacy of the treatment was not related to the acceptability ratings of the undergraduate student respondents. This method of assessing the relationship between acceptability and effectiveness suffers from restriction of range difficulties and bias for a treatment that is quick and 100% effective.

In earlier studies, Kazdin (1980a, 1980b) noted similar findings. The ratings of undergraduate psychology students indicated an inverse relationship between treatment acceptability and treatment effectiveness. The most acceptable inter-

ventions were judged to be the least effective. Thus, acceptability ratings appear relatively free of outcomes.

Problem Severity and Treatment Acceptability

The general finding of research assessing the relation between the severity of a child's problem and the acceptability of treatment methods is fairly consistent. That is, there is a positive relationship between problem severity and acceptability (Kazdin, 1980a; Martens, Witt, Elliott, & Darveaux, in press; Witt, Moe, Gutkin, & Andrews, 1984; Witt & Robbins, 1985). The more severe the problem, the more acceptable all treatment methods are judged.

For example, Kazdin (1980a) had undergraduate students evaluate the acceptability for four treatment methods (reinforcement of incompatible behaviors, 10-minute timeout from reinforcement, drug treatment [methylphenidate (Ritalin)], and moderately painful contingent electric shock) to improve one of two severities of child misbehaviors. The results showed that "college students rated treatments as significantly more acceptable for more severe case descriptions than for less severe case descriptions" (Kazdin, 1980a, p. 289).

In addition, it appears that severity influences how complex an acceptable treatment method can be. For example, in a two-experiment study, Elliott, Witt, Galvin, and Peterson (1984) investigated experienced teachers' acceptability ratings for behavioral interventions. In the first part of the study, regular and special education teachers were asked to read one of three case descriptions of an elementary school student whose misbehaviors were of a low (daydreaming), moderate (obscene language), or severe (destruction of other's property) nature and to rate the acceptability of one of three positively oriented intervention methods that were either low in complexity (praise), of moderate complexity (home-based reinforcement), or highly complex (token economy). The results indicated that the least complex intervention (praise) was rated as the most acceptable treatment for the least severe behavior problem (daydreaming). The most complex treatment (token economy) was rated as the most acceptable intervention for the most severe behavior problem (destroying property).

In the second part of the study by Elliott and his colleagues (1984) all of the variables remained the same except that teachers were asked to evaluate the acceptability of one of three reductive intervention methods that were either low (ignoring), medium (response-cost lottery), or high (seclusion timeout) in complexity. The results indicated that the least complex intervention (ignoring) was the most acceptable treatment for the least severe behavior problem (daydreaming).

Time Required for Interventions and Acceptability

Different interventions require varying amounts of teacher time to be initiated and maintained. For example, the time required to initiate a verbal reprimand is much less than the time required to initiate a token economy. The results of studies assessing the influences of time on treatment acceptability have yielded mixed results.

Witt, Elliott, and Martens (1984) asked student teachers to read a case description of a male elementary student whose misbehaviors were of a low (daydreaming), moderate (obscene language), or severe (destruction of other's property) nature and rate the acceptability of one of six intervention methods (praise, home-based reinforcement, token economy, ignoring, response cost, and seclusion timeout). The characteristics of the interventions varied on three dimensions. First, the interventions were described as requiring low (less than 30 minutes per

day), moderate (30 minutes to one hour per day), or high (more than one hour per day) amounts of teacher time. Second, the interventions were either positively oriented (increasing behaviors incompatible with the problem) or reductive (decreasing the problem behavior itself). Third, the interventions also varied between being designed for individuals or the entire class. This study revealed some interesting facts about the time/acceptability relationship. First, student teachers tend to view behaviorally accelerative interventions as a more acceptable use of teacher time than behaviorally reductive interventions. Second, interventions requiring small amounts of time were viewed more favorably by this group than interventions requiring large amounts of time. Finally, interventions that were viewed most unfavorably were those where the severity of the behavior problem was low and teacher time requirements were high (Witt, Elliott, & Martens, 1984).

Witt, Martens, and Elliott (1984) replicated the Witt, Elliott, and Martens (1984) study with experienced teachers and found that practicing teachers' judgments concerning the acceptability of classroom intervention techniques were also influenced by the amount of time required to plan and implement the method. However, Martens, Witt, Elliott, & Darveau (in press) contradicted the findings of the Witt, Elliott, and Martens (1984) and the Witt, Martens, and Elliott (1984) studies. The former study involved regular and special education teachers attending university summer classes. These individuals read case descriptions or viewed a videotaped scenario depicting a 5th grade male either engaging in low (daydreaming) or high (destroying others property) severity misbehaviors and rated one of two intervention methods of either a low (being sent to the principal's office) or a moderate (response-cost lottery) complexity. Contrary to the findings of Witt, Elliott, and Martens, 1984, the results indicated that interventions requiring high amounts of teacher time to be initiated and maintained were rated as most acceptable. In general, the teachers in the Martens et al. (1984) study had less experience than the teachers in the other studies. Thus, they may not have perceived the interventions as particularly time consuming.

Teaching Experience

Generally speaking, there is an inverse relationship between teaching experience and the acceptability of intervention techniques (Witt, Moe, Gutkin, & Andrews, 1984; Witt & Robbins, 1985). For example, Witt, Moe et al. had elementary teachers read a description of a 5th grade boy's behaviors which were either of a mild (failing to complete assigned work) or severe (fighting other children at recess) nature. Then, the teachers rated the acceptability of an intervention of staying in at recess to improve the boy's behaviors. For each teacher, the technical terms and language used to describe the intervention were in one of three possible forms. For some teachers the intervention was described in behavioral terms, emphasizing that staying in for recess involved the contingent application of punishment to control behavior. For other teachers the intervention was presented in humanistic terms that emphasized that staying in at recess helped the boy to better understand and express his feelings. The last group of teachers received a description of the intervention in pragmatic terms which stated that staying in for recess was a "logical consequence" of the boy's misbehavior. The results indicated that interventions were rated more acceptable by relatively inexperienced teachers than by experienced teachers.

Who Conducts the Intervention

Witt and Robbins (1985) had elementary school teachers read a description of a

5th grade boy's classroom problem that was either of a mild (failing to complete assignments) or severe (fighting other students at recess) nature. Then, the teachers rated the acceptability of staying in for recess in one of two conditions (teacher-monitored or principal-monitored). The results indicated that the teacher-monitored intervention was viewed as significantly more acceptable than the principal-monitored intervention.

Frequency and Ease of Use of Treatments

Martens et al. (1984) had regular and special education teachers complete a 65-item questionnaire assessing perceptions of the relative effectiveness, ease of use, and frequency of use of a variety of intervention strategies for the treatment of classroom behavior problems. This study indicated that the strategies rated as most effective, easiest to use, and most frequently used by teachers clustered into two categories: (a) redirection of the student toward appropriate behavior via a signal, and (b) manipulation of previously contracted material rewards. Interventions rated as both least effective and least frequently used were strategies in which the student was removed from the classroom. Interventions rated as the most difficult to use included those in which the student was punished through the use of physical contact such as spanking.

GENERAL DISCUSSION

The most basic conclusion from all of the research on acceptability thus far is that there are a wide variety of factors that potentially influence acceptability judgments on the part of teachers. These factors include the efficacy of the intervention, the amounts of teacher time required, the severity of the problem, the teachers' level of experience, the frequency and ease of use of an intervention, and the positive or reductive nature of the intervention. Although some consistent trends have appeared, it is also becoming more evident that the best interpretation of acceptability research is not in trying to predict how recipients will react to particular intervention techniques. Instead, consultants interested in utilizing acceptability findings should realize that researchers have found large individual differences among teachers in acceptability judgments, although all teachers are concerned that interventions be acceptable.

Future treatment acceptability research should focus on continuing to identify important factors that influence acceptability judgments. No published studies have yet tested the hypothesized relationship between treatment acceptability and treatment effectiveness. The test of this relationship can best be accomplished within the classroom setting following the implementation of actual interventions.

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Children's Involvement in Treatment Selection: A Review of Theory and Analogue Research on Treatment Acceptability

Timothy L. Turco, Stephen N. Elliott, and Joseph C. Witt

ABSTRACT

This article is premised on the notion that children's involvement in selecting psychological treatments for themselves is ethically and often pragmatically desirable. The article reviews the evolution of research on children's acceptability of treatments. The assessment instruments, experimental procedures, and major findings of studies of children's acceptability ratings of classroom interventions are discussed.

Teachers and psychologists are frequently faced with the necessity to formulate methods of dealing with children's classroom behavior problems. In selecting a particular method, teachers must consider a number of salient factors. For example, is the method effective? Is the method easy to use? How quickly will behaviors improve? A research base has been developing that illustrates there is at least one additional factor teachers and psychologists should consider before selecting a treatment method. This factor has been called treatment acceptability (Kazdin, 1980; Witt, Elliott, & Martens, 1984).

Acceptability refers to perceptions of whether a treatment is fair, reasonable, or appropriate for a given problem, and consistent with notions of what a treatment should be (Kazdin, 1980). Most of the acceptability research, with a few exceptions, has concerned teachers' and other adults' judgments, while the targets of intervention (i.e., the children) have received relatively less attention. Perhaps this was primarily due to the hypothesis that children typically have a very small role in the development and implementation of interventions used to correct their misbehaviors. However, there is empirical support for involving children in treatment design and decision making (Taylor, Adelman, & Kaser-Boyd, 1983).

The research on children's treatment preferences for dealing with misbehavior at school is the focus of this article and represents a growing literature supportive of involving children, when possible, in decisions about their own psychological treatment (Melton, 1983). Readers interested in a review of the conceptual and methodological issues in acceptability research are referred to Elliott (in press).

Theoretical Perspectives on Acceptability

Acceptability researchers have operated under the assumption that there is a functional interaction between treatment efficacy and acceptability. If a child doesn't like the treatment method a teacher or parent has selected, then the child may avoid it, or run away, or complain loudly. Therefore, the treatment may not be used regardless of how potentially effective and efficient it might be (Wolf, 1978). If Wolf is correct, behavioral interventions that are unacceptable may be undermined or sabotaged by the child. On the other hand, if a child feels an intervention technique is acceptable, then the child may be more responsive and there is an increased probability of success.

At the core of this issue is the social psychological concept of reactance (Brehm, 1966). Reactance refers to attempts by individuals "to maintain their freedom of action [or choice]; when this freedom is threatened, they do whatever they can to reinstate it" (Freeman, Sears, & Carlsmith, 1981, p. 340). The hypothesized Acceptability X Effectiveness interaction can also be explained in terms of Heider's (1946) balance theory. Heider's theory is often referred to as the P-O-X theory because it focuses on the interrelationships between a person (P), another person (O), and a third person, an action, or an idea (X). These interrelationships can be illustrated by using diagrams called triads (see Figure 1). In these P-O-X triads, a "+" indicates a positive, liking, or acceptable feeling and a "-" indicates a negative, disliking, or unacceptable feeling between the elements (Klein, 1982). Balance exists if, when multiplied, the three signs yield a positive sign. Imbalance exists when the multiplication of the three signs yields a negative result.

To illustrate how Heider's balance theory applies to treatment acceptability research, consider a classroom situation where a child begins attending a new classroom and the teacher judges the child to have a behavior problem. During the initial contacts with a child (P), the teacher (O) establishes good rapport with the child (indicated in Figure 1 by the "+" between the P and the O). In planning a treatment for the child the teacher selects an intervention method (X) that he/she

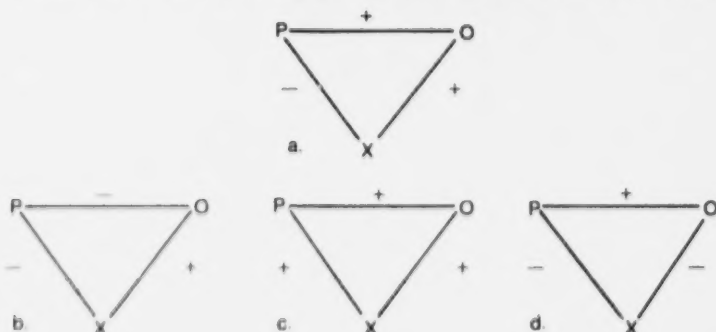


Figure 1. Three ways to resolve (a) an imbalanced triad between a client (P), the psychologist (O), and a treatment (X); (b) balance is restored by the client no longer liking the psychologist, (c) balance is restored by the client finding the treatment acceptable, and (d) balance is restored by the psychologist no longer finding the treatment acceptable. A "+" between two elements of the triad indicates agreement or acceptability and a "-" indicates disagreement or unacceptability.

has previously found to be effective in improving children's behaviors and therefore acceptable (this acceptability is illustrated in Figure 1a by the "+" between the O and the X). The child, however, for whatever reason has decided the proposed intervention method is unacceptable (indicated in Figure 1a by the "-" between the P and the X), resulting in an imbalanced triad (Heider, 1946.)

According to Heider (1946) imbalance is aversive and we are motivated to alter our cognitions and restore balance. In our example, balance can be restored in either of three basic ways. First, the teacher can decide that, in spite of the child's desires, the treatment is so effective that it will be used. This can lead to the breakdown of rapport between the child and the teacher. However, if the child and teacher no longer like each other, balance is restored (see Figure 1b). Second, the child's teacher can spend some time discussing the intervention with the child to increase the child's awareness of what the intervention involves. This may change the child's opinion of the intervention and the child may decide that the treatment is acceptable (see Figure 1c). Third, the teacher can decide that, even though the treatment is effective, it is no longer acceptable to use because the child does not like it (see Figure 1d).

In addition to theoretical rationales for the use of treatment acceptability procedures, as Kazdin (1980) pointed out there are also many ethical and legal issues related to treatment acceptability research. Ethically, children have the right to participate in treatment decisions and activities on a level commensurate with their ability (Ross, 1980). In addition, many treatment alternatives have been "ruled as unacceptable by the courts because they infringe on client or patient rights" (Kazdin, 1981, p. 900). Also, in a humanistic light when deciding between equally effective intervention methods, it is desirable to provide treatments to children that they have indicated they like. There have been ethical and pragmatic concerns that have motivated investigations of treatment acceptability.

Research on Treatment Acceptability

The study of treatment acceptability is a relatively new area of research. Despite the fact that the formal study of treatment acceptability began within the last decade, a substantial fund of knowledge now exists. Table 1 lists the major findings from children's acceptability studies. The goal of this review is to summarize these major findings of children's treatment acceptability studies so that teachers and other personnel can better understand the critical dimensions of treatments acceptable to children.

Kazdin (1980) reported that the earliest acceptability studies (Drabman, Spitalnik, & Spitalnik, 1974; Foxx & Azrin, 1972, 1973) used anecdotal information about how institutional staff, parents, and clients preferred one treatment technique over another. For example, Drabman and associates (1974) compared the effectiveness of four token reinforcement programs (i.e., individual reinforcement, and group reinforcement determined by the most disruptive child, the least disruptive child, and a randomly chosen child) by asking first-grade students to vote for the token system they liked the best. The students most frequently preferred group reinforcement determined by the least disruptive student, followed in order by group reinforcement determined by a randomly chosen child, and individual reinforcement. The group reinforcement determined by the most disruptive child did not receive any votes.

Kazdin, French, and Sherick (1981) conducted a study that compared the acceptability ratings of children, parents, and psychiatric staff members. Each subject rated four intervention methods (reinforcement, positive practice, timeout,

TABLE 1

Major Results of Acceptability Studies with Children

Study	Major Findings
Elliott, Witt, Galvin, & Moe, in press	1. 5th and 6th graders preferred interventions that featured private teacher-student interactions, group reinforcement, or negative sanctions for the misbehaving child. Public reprimand and negative contingencies were rated unacceptable. 2. Behavior problem severity does not influence the acceptability judgments of young students (i.e., grades 5 & 6).
Turco & Elliott, 1984	1. Behavior problem severity does not influence the acceptability judgments of young students (i.e., grades 5 & 6). 2. Older students (i.e., grade 9) are more sensitive to the severity of the target problem and seem more cognitively capable of differentially evaluating the acceptability of an intervention relative to the target problem. 3. Individual differences in the acceptability judgments by children of classroom interventions have been found for the following variables: rater's sex, grade, and race; severity of the target behavior, and types of interventions.
Kazdin, French, & Sherick, 1981	1. Positive interventions were rated as more acceptable than negative interventions. 2. Children from a psychiatric population rated all interventions as less acceptable than did their parents or staff. 3. Children above 10 years of age rated all interventions as more acceptable than did children under the age of 10.
Elliott, Turco, Evans, & Gresham, 1984	1. An independent group contingency treatment was rated significantly more acceptable than either interdependent or dependent group contingency methods. 2. The race and sex of the respondents influences acceptability ratings.
Turco & Elliott, 1985	1. The gender of the misbehaving student and the respondent influences acceptability ratings. 2. Teacher ratings of a student's general classroom behaviors is negatively correlated with treatment acceptability ratings. 3. 5th graders preferred positively oriented interventions more than negatively oriented interventions. 4. 7th and 9th graders preferred home-based interventions more than school-based interventions.

and medication) to treat one of two different types of behavioral problems — an 8-year-old severely aggressive female with behaviors dangerous to a sibling and parents or a 10-year-old trainable mentally retarded hyperactive male. Acceptability judgments were made by the respondents on two different dependent measures: the Treatment Evaluation Inventory (TEI) and the Semantic Differential (SD; Osgood, Suci, & Tannenbaum, 1957). The TEI contains 16 questions rated on a 7-point Likert scale that assesses respondents' judgments of an intervention by having the respondents answer questions about the acceptability, fairness, suitability, and so forth of the procedure (Kazdin, 1980). The results indicated that children above 10 years of age rated all intervention methods as more acceptable than did children below the age of 10. The relative acceptability of the four intervention methods was identical for children, parents, and staff members. On the TEI and the evaluative dimension of the SD, reinforcement was significantly more acceptable than any other intervention followed in order by positive practice, medication, and timeout. The results also suggested that children from a psychiatric population rated all intervention methods as being significantly less acceptable than their parents. The average ratings of the psychiatric staff members were between the average ratings of the children and their parents.

Elliott, Witt, Galvin, and Moe (in press) conducted a four-part consumer acceptability experiment, which represents one of the first attempts to directly assess "normal" school children's perceptions of the acceptability of interventions. To rate the acceptability of each intervention method, Witt and Elliott (1983) created the Children's Intervention Rating Profile (CIRP). The CIRP (see Table 1) was modeled after the Intervention Rating Profile or IRP (Witt & Martens, 1982) and is a 7-question 6-point Likert rating scale ranging from *I Agree* to *I Do Not Agree*. The factor structure of the CIRP has varied between one and two factors depending on the criteria used to define a factor and the sample investigated; in the majority of cases, however, the CIRP has been a one factor scale. The CIRP has a coefficient alpha of .89 and has been used with over 1,000 children ages 10 to 15. Examination

TABLE 2
Childrens Intervention Rating Profile

	I agree	I do not agree
1. The method used to deal with the behavior problem was fair.	+++++	-----
2. This child's teacher was too harsh on him.	+++++	-----
3. The method used to deal with the behavior may cause problems with this child's friends.	+++++	-----
4. There are better ways to handle this child's problem than the one described here.	+++++	-----
5. The method used by this teacher would be a good one to use with other children.	+++++	-----
6. I like the method used for this child's behavior problem.	+++++	-----
7. I think that the method used for this problem would help this child do better in school.	+++++	-----

of CIRP protocols indicates infrequent failures to respond and no evidence of response set. Content and construct validity have been established by item analysis and factor analytic techniques; however, no concurrent or predictive validity data have been amassed yet.

The results of the Elliott et al. (in press) study indicated that overall: (a) The severity of a classroom problem did not affect sixth graders' judgment of acceptability; (b) interventions were rated most acceptable if they emphasized private teacher-student interactions, or group reinforcement, or negative sanctions for the target individual; and (c) traditional methods of reducing classroom misbehavior, such as sending a child to the principal's office, were rated the most acceptable methods when compared to the more behavioral interventions.

A developmental study of children's acceptability ratings of treatment methods was conducted by Turco and Elliott (1984). In this study, 5th, 7th, and 9th grade students read one of two classroom problem situations (a same-grade male student either destroying someone else's property or disturbing other students) and used the CIRP to rate the acceptability of 4 of 12 intervention techniques (no recess, timeout, going to the principal's office, token reward, public reprimand, public praise, private reprimand, private praise, self-monitored punishment, self-monitored reward, home-based punishment, home-based reward). The results of the Turco and Elliott (1984) study indicated that: (a) There were significant interactions for students' grade and sex, but a student's race had little effect on acceptability judgments; (b) in general, all students reported liking home-based interventions and reported disliking public reprimand as a means to change another student's behaviors; and (c) only 9th grade students indicated a sensitivity to selecting intervention methods based upon the severity of the problem and the sex of the respondent. From a developmental perspective, probably the most important general finding of this Turco and Elliott (1984) study was that indirect measures of development (i.e., grade level) do indicate significant differences in acceptability ratings. The researchers hypothesized that the differences in acceptability that were found between 5th, 7th, and 9th graders may be due to differences in levels of cognitive development and/or to the relative importance of peers.

Elliott, Turco, Evans, and Gresham (1984) had 5th grade regular education children record their race (black or white) and gender and read a description of one of three classroom behavior problems varying in severity. In this study, severity was operationalized by the portion of the class that was misbehaving (i.e., two students, one-half of the class, or the entire class misbehaving). Then using a 6-question version of the CIRP, each student rated the acceptability of three intervention contingencies (i.e., independent, dependent, and interdependent). The results indicated that although all of the group contingency methods were judged (relatively) to be acceptable, the independent treatment method was rated significantly more acceptable than either the dependent or interdependent treatment methods. Of the three treatments tested, the dependent and interdependent groups contingencies are the most similar. Both of these methods make reinforcement contingent on more than one student in a group. However, in the independent contingency, the individual student controls his/her own destiny; if he/she behaves to criterion, regardless of how other classmates behave, he/she earns reinforcement. Further analysis of the data indicated a significant three-way interaction involving the race and sex of the student raters and treatment methods. This interaction could be accounted for largely by black males' and black females' different acceptability ratings of the independent group contingency treatment. Black males found the independent treatment contingency significantly more acceptable than did black females. Elliott et al. (in press) noted that the results

indicated gender and cultural factors effect acceptability judgments of students and that teachers need to consider these individual differences in planning and implementing classroom interventions.

The only children's acceptability study to date that has specifically assessed the influence of children's general classroom behavior on acceptability judgments was conducted by Turco and Elliott (1985). In this study, 5th, 7th, and 9th grade students read one of four classroom problem scenarios that differed in the severity of the problem (a student disturbing others or destroying other's property) and the sex of the misbehaving student. Using the CIRP, the respondents rated the acceptability of four different intervention methods (home-based praise, home-based reprimand, teacher praise, and teacher reprimand). In addition, each student's teacher rated the student's general classroom behaviors on a 5-point Likert scale that ranged from *much below average* to *much above average*. The results indicated that the sex of the problem student, the sex of the respondent, and the teacher-rated general classroom behaviors of the respondent all influenced the students' acceptability judgments of interventions. Specifically, 5th graders rated positively oriented interventions more acceptable than negatively oriented interventions; 7th and 9th graders rated home-based interventions more acceptable than school-based interventions, whether or not they were positive or negative in nature.

GENERAL DISCUSSION

In comparison to adults, the social status and personal power of children are low. In many situations, children have little or no input into decisions that are made about their lives. We are not advocating that children be given "free reign" on their lives, but that they be involved to the level allowed by their cognitive abilities and socioemotional maturity. One of the major premises of acceptability research is that in situations such as treatment design and implementation where the effort and cooperation of the student are needed, children can greatly influence, if not determine, the success of treatment. The initial data from children's acceptability research summarized by the major findings listed in Table 1 indicates children as young as 5th graders are capable of making general evaluations of the acceptability of interventions. By 9th grade, children from the mainstream are able to evaluate the acceptability of an intervention with regard for the misbehavior that necessitated the intervention. Therefore, we believe it makes sense to include children in the selection of intervention methods when they demonstrate interest and commensurate cognitive maturity.

The acceptability assessment techniques we have discussed in this paper are not difficult to use and can be incorporated into any treatment program. For example, a teacher of a behaviorally disordered class formulates three intervention ideas for improving the classes' behaviors. Based upon the teacher's past experiences, any one of the interventions should be effective. But which one should be used? Which one has the best chances of success? By presenting the interventions to students in the class and having them rate the acceptability of each intervention, the teacher can find out which intervention the students feel is the most reasonable, fair, and preferred. Again, one of the hypotheses of the acceptability paradigm is that by beginning with an acceptable intervention you increase the probability the intervention will be effective.

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Preparing Emotionally Disturbed Adolescents for the Mainstream: An Analysis of Current Practices

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ABSTRACT

This study investigates exit criteria considered, transition strategies utilized, and follow-up activities conducted when emotionally disturbed/behaviorally disordered students are moved into less restrictive environments. The 280 teachers who responded to the questionnaire provided descriptive information about their programs; rated the frequency of use of specific exit, transition, and follow-up practices; and identified practices they judged to be most important for effective reintegration. Data were analyzed by three teaching levels (secondary, middle, and primary). Discriminant function analyses indicate significant differences in transition and follow-up strategies utilized by teachers at the three levels. Results are interpreted with reference to variations in teacher characteristics, program models, and grade levels. Implications for teacher training and research are discussed.

When Public Law 94-142 was implemented initially, professional attention focused on diagnosis, eligibility, program development, and other issues related to the full service mandate. Currently, concern is extending beyond issues related to the availability of special education services to issues related to the appropriateness of such services. One critical dimension of appropriateness is progression toward the least restrictive environment, yet there has been very little research to investigate exit criteria and procedures for returning students to regular classes after special classes are no longer necessary (Algozzine, Whorton, & Reid, 1979; Grosenick, 1970). In particular, there have been few studies addressing the readiness of emotionally disturbed/behaviorally disordered (ED/BD) students for reintegration into the mainstream (Schloss, Miller, Sedlak, & White, 1983; Smith, White, & Peterson, 1979). The concern for readiness and planned transitioning of adolescent ED/BD students is especially critical since recent research has revealed distinct differences between the demands of regular and special education settings at the secondary level (Deschler, Schumaker, Alley, Warner, & Clark, 1982).

Despite the need for systematic and effective exit procedures, few models exist to guide the preparation of secondary ED/BD students for reentry into the mainstream (Saiend & Viglianti, 1982; White, 1980). Also, there are no data available to document the extent to which teachers of the emotionally disturbed are actually employing transitional strategies in public school settings.

The present study was designed, therefore, to provide an analysis of current practices in public schools for phasing students out of programs for the emotion-

ally disturbed and into less restrictive settings. Special education administrators and teachers were surveyed to determine exit criteria considered, transitional strategies employed, and follow-up activities conducted when ED students are reintegrated into the mainstream. Specifically, this study will report on differences in practices utilized by teachers at secondary, middle, and primary school levels.

METHOD

Subjects

A mailing list was obtained from the Council for Exceptional Children (CEC) to include all members who simultaneously met three criteria: (a) indicated behavioral disorders as an interest area; (b) were employed in public school settings; and (c) classified themselves as Directors/Supervisors or Special Education/Resource Teachers. The resulting list from CEC consisted of 2,000 names. One-third of these individuals ($n = 666$) were selected as participants by means of a random sampling stratified by state of residence.

The overall response rate was 67%, and 357 (53.6%) of the questionnaires were returned in usable form. Represented in these returns were 47 Directors/Supervisors (13.2%), 280 Special Education/Resource Teachers, and 30 "others" (8.4%).

Instrumentation

In order to gather data for this study, a questionnaire was designed to elicit certain descriptive information about the respondents and their programs as well as to determine exit, transition, and follow-up practices. Of the 39 items on the questionnaire, 26 were in the form of a Likert scale and required respondents to indicate whether they had used certain practices *always*, *frequently*, *sometimes*, *rarely*, or *never*. After completing the rating scale in each section, respondents were asked to indicate the 2 most important exit criteria, transition strategies, or follow-up practices.

Reliability of the questionnaire was determined by using the Kuder Richardson technique. For the 26 rating-scale questions on the entire instrument, an internal consistency reliability coefficient of .88 was obtained. For the 5-item exit criteria component of the questionnaire, the internal consistency reliability coefficient was .55. The 14-item transition strategies component yielded a reliability coefficient of .86, and the 7-item follow-up activities component yielded a reliability coefficient of .87.

TABLE 1

Analysis of Internal Consistency Reliability of the Questionnaire

Scale	No. of Items ^a	Reliability Coefficient	Mean	Standard Deviation	Standard Error
Entire Scale	26	.88	52.10	13.67	4.74
Exit Component	5	.55	8.55	2.71	1.82
Transition Component	14	.86	28.41	8.89	3.33
Follow-up Component	7	.87	15.13	5.70	2.06

Note: These data represent only the items on the questionnaire in rating scale format.

^a $n = 357$ for each scale.

Procedure

A copy of the questionnaire with an appropriate cover letter and stamped return envelope was mailed to each individual in the sample. One month later a follow-up letter and second copy of the questionnaire were sent to each individual who had not responded.

RESULTS

In presenting findings of the survey, descriptive information will be summarized first. Then data will be reported for each of the three sections of the questionnaire addressing exit criteria, transition strategies, and follow-up activities, respectively. As noted previously, only the data from teachers at the secondary, middle, and primary school levels will be included.

Descriptive Data

A summary of all descriptive data is provided in Table 2. Of the 280 teachers who responded to the questionnaire, 88% indicated that they were certified in emotional disturbance, while 10% were uncertified. The largest percentage of these teachers worked in self-contained classrooms (47%), while 5% worked in resource programs, and 4% in special day schools. Only 1% of the teachers worked in residential schools. Of the respondents 41% classified their programs as "other" and indicated an alternative delivery model, frequently some combination of self-contained and resource.

In addition, it was found that 27% of the teacher respondents worked with primary populations (K-4th grade), 18% worked with middle school students

TABLE 2
Percentage of Teacher Responses for Descriptive Categories

Category	Teacher Group			
	All (n = 280)	Secondary (n = 42)	Middle (n = 65)	Primary (n = 76)
Status				
Certified	88	91	86	88
Noncertified	10	10	11	11
Program				
Residential school	1	2	1	0
Special day school	4	10	5	1
Self-contained class	47	24	50	58
Resource program	5	5	9	4
Other	41	60	35	37
Number of students exited				
0-5	64	52	66	70
6-10	23	19	26	22
11-15	5	17	5	1
16-20	2	7	0	3
21-25	1	2	0	0
over 25	3	0	0	1

Note: Percentages may not equal 100% in some instances due to rounding and to the fact that some participants did not use the given response categories for certain items.

(5th-8th grade), and 12% worked with secondary school students (9th-12th grade). The remainder of the teachers (43%) worked in programs which utilized alternative grouping arrangements spanning 2 or 3 of these levels.

Analyses of the data revealed that 64% of the teachers reported that fewer than 5 students in the past 3 years had exited from their programs for the emotionally disturbed into less restrictive settings; 23% of the teachers had exited 6-10 students, 5% had exited 11-15 students, 2% exited 16-20 students, and 1% exited 21-25 students from their programs. Only 3% reported exiting more than 25 students from their programs over the past 3 years.

Of the 42 secondary school teachers who completed the questionnaire, 91% were certified and 10% were not certified in ED/BD; 24% classified their programs as self-contained, while 5% were classified as resource, 10% as special day schools, and 2% as residential school programs. Programs were classified by 60% as "other", and many characterized them as some combination of the service delivery models listed.

Secondary teachers were similar to all teachers in that the majority (52%) had exited only 0-5 students over the past 3 years into less restrictive environments; 19% had exited 6-10 students, 17% had exited 11-15 students, 7% had exited 16-20 students, and 2% had exited 21-25 students. None of the secondary teachers indicated that more than 25 students had exited into less restrictive settings over the past 3 years.

Analysis of the response data for the 65 middle school teachers in the sample indicated that 86% were certified in ED/BD, while 11% were not certified. Again, the majority of these teachers (50%) worked in self-contained classes; 9% of the programs were classified as resource, 5% as special day classes, and 1% as residential programs; 35% of the programs were described as "other" or some combination of delivery models.

All of the middle school teachers reported that fewer than 15 students had exited from their programs over the past 3 years into less restrictive environments. Two-thirds of these teachers (66%) had exited 0-5 students, 26% had exited 6-10 students, and 5% had exited 11-15 students over the 3-year period.

Of the 76 primary level teachers who completed the questionnaire, 88% were certified in ED/BD while 11% were not certified. Self-contained classes were again most prevalent for delivering services (58%); 4% of the teachers indicated that they worked in resource programs, and 1% in special day schools. None of the primary teachers worked in residential programs; and 37% of the teachers classified their programs as "other" or some combination of the four delivery models listed.

During the past 3 years, 70% of the primary teachers had exited 0-5 students into less restrictive settings; 22% of the teachers had exited 6-10 students, 1% had exited 11-15 students, 3% had exited 16-20 students, and 1% had exited more than 25 students into less restrictive environments over the 3-year period.

Exit Criteria

Exit criteria were defined on the questionnaire as those factors considered by the respondent and other team members when making a decision whether or not a student was to be moved to a less restrictive setting. Participants were asked to indicate to what extent they had actually considered each of 5 criteria in decision making. The 5 criteria are listed in Table 3. Each criterion was rated on a 5-point Likert scale ranging from *always* to *never*.

The majority of teachers in all four groups indicated that they always or frequently considered each of these criteria when making exit decisions. Discrimi-

TABLE 3
Rank Order of Importance of Exit Criteria

Exit Criterion	Teacher Group			
	All (n = 280)	Secondary (n = 42)	Middle (n = 65)	Primary (n = 76)
1. Mastery of IEP Objectives	3	3	3	4
2. General increase of cooperative behavior and reduction of inappropriate behavior	1	1	1	1
3. Eligibility of student with regard to federal or state definition of emotionally disturbed	5	5	5	5
4. Availability of an appropriate, less restrictive placement	4	4	4	3
5. Ability to perform successfully in the next less restrictive environment	2	2	2	2

nant function analysis indicated that none of the 5 exit criteria discriminated significantly among the three grade levels of teachers selected for the study.

Respondents also were asked to list the 2 criteria which they considered most important when making exit decisions. Based upon the frequency of responses, the criteria were rank ordered for each of the grade levels. This information is presented in Table 3.

A general increase in cooperative behaviors and a reduction in inappropriate behaviors were targeted as important by over 70% of the teachers in all groups. Similarly, over 50% listed the student's ability to perform in the next less restrictive environment as a critical consideration. Mastery of IEP objectives was listed more frequently by secondary school teachers (33%) than by middle school (18%) or primary school teachers (9%). The least frequently mentioned criteria by all groups was student eligibility with regard to federal or state definitions of emotional disturbance (2% of all teachers).

Transition Strategies

Transition strategies were defined as those activities undertaken during the process of integrating a student into the next less restrictive environment. Again, participants were asked to respond to items in terms of their actual experiences transitioning students.

The first question in this section inquired about the length of the average transition period, the time from the formal decision regarding a student's readiness to exit until completion of the transition into the next less restrictive environment. Of all the teachers 13% reported that transitions are typically completed in less than one week; 4% of the primary school teachers, 11% of the middle school

TABLE 4
Rank Order of Importance of Transition Strategies

Transition Strategy	Teacher Group			
	All (n = 280)	Secondary (n = 42)	Middle (n = 65)	Primary (n = 76)
1. Introducing the student to the receiving teacher	8	4	7	8
2. Assisting the receiving teacher with instructional strategies and/or material	4	2	6	6
3. Teaching the students behavioral self-control techniques	2	1	2	1
4. Having student visit receiving class	13	11	1	12
5. Assisting receiving teacher with behavior management strategies	6	6	4	4
6. Using textbooks and materials from the receiving class	10	6	11	14
7. Having receiving teacher observe student in the present ED setting	14	14	9	12
8. Teaching student specific behaviors and routines expected in the receiving class	1	3	1	3
9. Conducting specific awareness activities for preparing students in the receiving class	12	11	9	10
10. Requiring the student to participate in more group work	9	10	11	10
11. Emphasizing more naturally occurring reinforcers	7	5	8	7
12. Developing plans cooperatively with the receiving teacher	5	6	5	4
13. Reinforcing on an intermittent schedule	10	6	13	8
14. Increasing student's time in the receiving class gradually	3	11	3	1

teachers, and 31% of the secondary school teachers indicated transition periods of 0-6 days. Of all the teachers responding, 42% reported transition periods of 1-4 weeks duration, with 45% of the primary teachers, 40% of the middle school teachers, and 50% of the secondary teachers specifying the 1-4 week period. Of the teachers overall, 15% indicated that 5-8 weeks were spent in transitioning. This same time period was reported by 13% of the primary teachers, 20% of the middle school teachers, and 5% of the secondary teachers. A transition period of 9-12 weeks was indicated by 11% of all teachers, 15% of primary teachers, 15% of middle school teachers, and 5% of the secondary teachers. Of all teachers 13% reported transition periods of more than 12 weeks duration; 16% of the primary, 9% of the middle, and 7% of the secondary school teachers also reported that over 12 weeks were allowed for transitioning.

There were 14 Likert scale questions asking to what extent teachers actually used each of the transition strategies listed in Table 4. As before, the response scale ranged from *always* to *never*. Discriminant function analysis indicated significant differences among the grade levels ($p < .01$) for the following group of variables: (a) introducing the student to the receiving teachers, (b) having the student visit the receiving class, (c) having the receiving teacher observe the student in the ED setting, and (d) conducting awareness activities for students in the receiving class. In all four instances where significant differences were apparent, the transition strategies were utilized less frequently at the secondary level.

As before, respondents were also asked to indicate the two most important transition activities. Again, based upon frequencies of responses, all transition strategies were rank ordered for each of the grade levels. This information is shown in Table 4.

Teaching the ED students behavioral self-control techniques (36%) and teaching students specific behaviors and routines expected in the receiving class (34%) were the two transition strategies most frequently identified as important by all teachers. Having the student visit the receiving class (3%) and having the receiving teacher observe the student in the present ED setting (1%) were the two strategies least frequently cited by teachers.

Discrepancies between the responses of secondary teachers and those in other groups were noted in two instances — 31% of the secondary teachers considered assisting the receiving teacher with instructional strategies and/or materials to be critically important, as compared to 12% of the middle school teachers and 18% of the primary teachers. In the second instance, the transition strategy was found to be considerably less important to secondary teachers than to teachers of younger children — only 2% of the secondary teachers indicated that it was important to increase the student's time in the receiving class gradually, whereas 23% of the primary teachers cited this as an important practice.

Follow-up Activities

Follow-up activities were defined as those activities undertaken to maintain knowledge of how students are functioning after exiting from programs for the emotionally disturbed into less restrictive environments. As before, participants were asked to respond to a series of Likert scale items to indicate to what extent they had actually used specific follow-up practices. The 7 follow-up activities from the questionnaire are listed in Table 5.

The two follow-up activities considered most important by teachers at all three levels included consulting with the student's present teacher and talking with the student directly. Specifically, 76% of the secondary teachers cited talking with the

TABLE 5
Rank Order of Importance of Follow-up Activities

Follow-up Activity	Teacher Group			
	All (n = 280)	Secondary (n = 42)	Middle (n = 65)	Primary (n = 76)
1. Consulting with the student's present teacher	1	2	1	1
2. Consulting the student's records	6	5	7	6
3. Talking with the student directly	2	1	2	2
4. Talking with the student's parents	5	4	4	5
5. Consulting with the student's supervisor or principal	7	7	5	7
6. Providing crisis support for the student as needed	3	3	3	3
7. Observing the student in his/her new setting	4	6	6	4

student directly, and 71% listed that and talking with the student's teacher as the two most important follow-up activities.

Two of the follow-up activities least frequently cited as important were consulting student records and consulting with the student's supervisor or principal. It should be noted that these were two of the practices found to discriminate significantly among groups of teachers on the rating scale portion of the questionnaire. Although the frequency of use differed significantly for teachers at the three grade levels, there was general agreement that these practices were relatively unimportant for follow-up.

A discrepancy was apparent among groups regarding the relative importance of observing the student in the new setting. This follow-up practice was infrequently mentioned by secondary (2%) and middle school teachers (3%), but it was more frequently cited as important by primary school teachers (12%).

DISCUSSION

This study investigates current practices in public schools for exiting students from ED/BD programs into less restrictive settings. Descriptive data, as well as data related to exit criteria, transition strategies, and follow-up activities, were analyzed for three teaching levels — secondary, middle, and primary.

Results indicate that the self-contained class remained the most frequently used model for delivering services to ED/BD students at all levels. The resource model reportedly was used in only 5% of the public school settings; 40% of all teachers and 60% of the secondary teachers did not characterize their programs as a residential school, special day school, self-contained class, or resource program, but instead, indicated that some alternative delivery model was utilized. In many

instances, respondents described their programs as some combination of self-contained and resource.

In addition to the diversity of program models reported, there was also great disparity in the age/grade ranges of students served within programs for the emotionally disturbed. Approximately 65% of the teachers responding to this survey indicated that they served typical primary (K-4), middle (5-8), or secondary (9-12) populations — 31% worked in programs spanning two or the three grade clusters, while 4% reported that their programs grouped primary, middle, and secondary level students together.

Given the diversity of the delivery models and alternative grouping arrangements utilized, it is not surprising that exit, transition, and follow-up practices are not more uniform. It is likely that the practices which have evolved reflect many unique program characteristics, and additional, more in-depth studies will be necessary to link specific practices with distinctive program types.

Teachers at all levels are relatively inexperienced in exiting students from their programs for the emotionally disturbed into less restrictive settings. Over half of the teachers reported that only 0 to 5 students had exited from their programs during the last 3 years. One must question whether the infrequent movement to less restrictive settings is a function of student or teacher characteristics. Are teachers inexperienced in exiting students from their programs because the students lack the readiness for reintegration, or are the students being judged as unready for reintegration because teachers lack experience in the exit process?

The latter explanation is supported by the data indicating that teachers apply rather extensive exit criteria when making decisions about a student's readiness for reintegration into the mainstream. The survey failed to discriminate in terms of exit criteria, because teachers tended to report that they *always* or *frequently* considered every factor before making exit decisions. This suggests that, in the absence of research data which target criteria for successful reintegration, teachers may be hesitant to move students out of their programs and into less restrictive settings. Due to the low reliability of the 5-item exit scale, any interpretations of the finds regarding exit criteria are speculative.

Although exit decisions may be delayed for many ED/BD students, it appears from this survey that once such decisions are made, the transitions are completed very quickly. Of the teachers overall, 75 to 80% reported that transitions to a less restrictive setting were accomplished in less than 4 weeks. In fact, transitions at the secondary level were completed immediately (in less than one week) according to 30% of the high school teachers. Given what is known about characteristics of ED/BD students, discrepant demands of special versus regular settings, and difficulties in obtaining generalization from one setting to another, such minimal time allotted for phasing a student into a less restrictive setting may be inappropriate.

The length of the transitioning period, as well as other exit and follow-up practices, may reflect particular conditions of secondary schools. For example, it may be more difficult or less desirable to phase students into mainstream classes over a longer period of time because of requirements specifying the number of instructional contact hours per unit of credit. High school students must take an entire course in order to receive the credit.

Similarly, the differences noted in frequency of use and the preference for certain practices also may reflect realities of the high school setting. In general, secondary teachers favored less intrusive transition and follow-up activities. They tended to work with students directly and to involve parents, teachers, and princi-

pals to a lesser degree. Such approaches may be justified for students at this age level.

CONCLUSIONS

The findings of this survey suggest that nearly 10 years after the passage of PL 94-142 the promise of a full continuum of services with progression toward less restrictive settings has not become a reality for ED/BD students. Clearly, more emphasis is needed on systematic exit, transition, and follow-up practices. In particular, these topics must be addressed more extensively in teacher training and in research.

Through both preservice and inservice programs, teachers should be prepared to assess student needs for the next less restrictive environment and to assist them in developing the skills necessary for successful reintegration. More emphasis also should be placed on teamwork and collaboration. The transition strategies which teachers report using most frequently and those they considered most important reveal little sharing between regular and special educators. Phasing students out of special education and into the mainstream successfully requires more cooperation than is currently evidenced.

Finally, there is a critical need for more research to provide information about effective exit practices. The present study, utilizing a self-report questionnaire, represents only a preliminary attempt to analyze current practices. The self-selection factor involved in a mail survey, the biases inherent in self-report data in general, and the low reliability of the brief exit component of the scale are recognized limitations of this study. At least two additional approaches are necessary in order to provide more meaningful direction for special educators in the schools.

One approach would elaborate on the self-report questionnaire by investigating the types of exit criteria applied, the transition strategies utilized, and the follow-up activities actually conducted in the schools. Some techniques which might prove useful in collecting these data include analyses of (a) criteria discussed at team meetings, (b) objectives in student IEPs, (c) descriptive reports of the receiving environments, and (d) other documentation of transition plans and follow-up efforts.

A second approach would attempt to link identified practices to effective reintegration. Ultimately, the concern is to target specific practices which result in more successful transitioning to less restrictive environments. To accomplish this requires the conceptualization of systematic models for transitioning and follow-up. Such models must address the unique characteristics of the different delivery programs and grade levels served.

The challenges are indeed complex. For the concept of least restrictive environment to have any real meaning, however, programs for the emotionally disturbed must prepare students more effectively for movement toward the mainstream.

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Educational Interventions in the Juvenile Justice System

Bruce I. Wolford

It has long been recognized that educational failure and delinquency exist concurrently. Educational achievement does not ensure a crime free life; however, it does provide viable vocational and economic alternatives to delinquency. One of the most economical and socially acceptable interventions in the juvenile justice system is correctional education.

Youth and Crime

The years of adolescence are a time to experiment, to test one's own limits, and to challenge the control and authority of the adult world which rules over young lives. It should not be surprising to discover that the peak years for criminal behavior (both property and violent crimes) are during and immediately following adolescence (U.S. Department of Justice, 1983). Nearly one in every three juveniles will have some contact with the police (Wolfgang, Figlio, & Sellin, 1979). One young person in nine will find himself in juvenile court before the age of 18 (Bronfenbrenner, 1974).

Property crimes, representing over 49% of juvenile court cases, are the most common criminal violations committed by youths. In spite of the fact that juveniles constitute only 20% of the total population of the U.S. they account for over half of all arrests for serious crimes (Ryan, 1983). The Uniform Crime Report identifies the eight most serious offenses which are referred to as Index Crimes. Again, half of all those arrested for these serious crimes were youths under age 20. Nearly 75% of the crimes were committed by males, with the highest percentage of these youths being blacks between the ages of 18 and 20. However, when all juvenile crime is considered, over 70% is committed by white youths (U.S. Department of Justice, 1983). It should be noted, however, that a very small percentage of all youths account for this large percentage of serious juvenile crime (National Advisory Committee for Juvenile Justice and Delinquency Prevention, 1984). The violent youth shares many characteristics with the violent adult and, increasingly, research and legislative attention have been directed toward identifying and responding to the hard core offender.

Significantly fewer female youths enter the justice system. Those young women who do come before the court are more likely to be there for noncriminal status offenses than are male delinquents. Not surprisingly, the victims of crime tend to share many characteristics with the offenders. The group most at risk is comprised of low-income youths with a high likelihood of unemployment (U.S. Department of Justice, 1983).

Annually, there are over 2.5 million cases in the juvenile justice system. Community agencies refer 75% of the cases with schools ranking high on the list of complainants (Black & Smith, 1981). In spite of a 28% decrease during the 1970s in the number of juveniles incarcerated, a recent year-end report indicated that 72,000 youths were being held in custody in the U.S. (U.S. Department of Justice, 1983). Although there is general agreement regarding the prevalence of juvenile crime, there exists no such agreement as to the cause of this behavior.

Delinquency: The Product

In the encapsulated society in which we live pressure to clearly identify the origin of a problem is always present. In the analysis of human behavior, and particularly of criminal acts, such a simplistic approach fails to address the complexities of the issue. The causes of delinquency have been assigned to biological and psychological factors, the family, the school, labeling, neighborhoods, socioeconomic condition, peer groups, evil humors, stages of the moon, and countless other influences.

It is clear that in our society adolescence is a period which seems to be lengthening. The period of transition from youth to adulthood has continued to increase throughout this century. Today's youths have greater economic dependence upon their parents yet more behavioral independence than in the past. Youths, like adults, seek respect and when they fail to find it through traditional institutions such as the schools, they begin to look for alternatives (Glaser, 1982). Young people are increasingly excluded from formal groups and too frequently the alternatives they find include violation of the law.

Some of the strongest correlations occur between delinquent behavior and problems associated with peer groups, the family, school, and employment (Weis & Hawkins, 1981). Ryan (1983) divided theories of causation into two categories — control and cultural deviance. According to control theories, the youth is viewed as lacking internal and/or external control. There is insufficient restraint to stop delinquent behavior; the adolescent appears to experience no felt or forced obligation to conform. Because schools are a major intervening authority in the lives of youths, issues related to control can result in major conflicts between the youth and the educational system.

Cultural deviance theories view delinquency as the result of socialization within a deviant group or subculture. The rewards within the youth's peer group are for nonconforming behavior. Again, the school becomes the battleground because of its pervasive influence on the lives of adolescents and because it is a primary transmitter of the dominant culture's beliefs and values.

In recent years increasing attention has been focused on the link between learning and/or behavioral disorders and juvenile delinquency. Delinquency has been seen as a learned behavior, and as such, should be addressed through an educational process. The delinquent engages in self-defeating and socially unacceptable behavior because he has not learned or been rewarded for more effective problem-solving social behavior (Green, 1982).

There are three learning-related theories of the cause of delinquency: school failure, differential treatment, and susceptibility. All three of these revolve around three key issues — the perceptions of adults, the level of academic limitations, and the perceptions of peers (Schilit, 1983).

School failure theory maintains that, because of education's dominant place in our lives and society, failure in the educational system can lead to personal failure and rejection in other endeavors. The differential treatment theory, as described by

Keilitz and Miller (1980), maintains that the juvenile justice system treats learning handicapped adolescents differently than adolescents without such limitations. The susceptibility theory views the lack of educational achievement as increasing the risk of delinquency (Murray, 1976).

Despite the absence of an empirically supported causal link between learning handicapped conditions and juvenile delinquency, it is clear that the two conditions exist together. Murray (1976) reported a 220% greater likelihood of being an adjudicated delinquent if the individual was learning handicapped. If Morgan's (1979) premise that handicapping conditions should be considered as a complicating factor rather than as a cause of delinquency is accepted, the juvenile justice and educational systems still are left with a significant problem.

Characteristics

All indications are that there are significantly higher incidences of learning and/or behavioral disorders among delinquents than the 10.6% level reported for the general population (Kardash, Rutherford, Wade, & Roberts, 1982). The prevalence of major handicapping categories such as emotional disorders, learning disabilities, and mental retardation among juvenile delinquent populations is greater than is commonly found in general school populations (Gagne, 1977; Keilitz & Miller, 1980). Morgan (1979) reported that 42.4% of incarcerated juveniles had some type of handicapping condition. More recently, the Correctional Special Education Training Project (C/SET) has reported that, based on a survey of State Directors of Correctional Education and State Directors of Special Education, 28% of juveniles held in long-term state operated correctional facilities are learning handicapped (Rutherford, Nelson, & Wolford, 1985).

The adolescent offender is commonly impulsive, lacks concern for the consequences of his actions, and has limited future life/work planning skills (Kratcoeki & Anuszkiewicz, 1983). When compared to a nondelinquent population, juvenile offenders were found to have had more special education services, more alternative programs, and to more frequently hold full-time jobs while enrolled in school. The delinquent youth had frequently experienced an interrupted home life, resided with a single parent, and reported a significantly greater usage of nonprescription drugs (Kane & Bragg, 1984).

Two other significant correlates to juvenile delinquency should be mentioned. Juvenile delinquents who perpetrate so many offenses in this nation frequently had their first contact with crime as a victim. A strong correlation exists between violent behavior and child abuse (U.S. Department of Justice, 1983). The most reliable predictor of adult criminal careers is juvenile criminality (Wolfgang, Figlio, & Sellin, 1979). All too often an abused youth who has experienced failure in school embarks on a career of crime which will continue until adulthood.

The Criminal Justice System

The criminal justice system in the United States is a complex amalgam of agencies, institutions, and individuals which often work toward conflicting goals. The system has three major units: law enforcement (police); the courts (prosecutors, defense attorneys, and judges); and corrections (probation, institutions, parole). Although their functions can be depicted in a semilogical progression, the actual operation of the components is far from systematic. Viewed from the offenders' perspective, there are three basic tracts which run through the criminal justice system. Entrance into the tracts is determined by two factors — the severity of the crime (felony vs. misdemeanor) and the age of the offender (adult vs. juvenile). The three

basic tracts are adult felony, adult misdemeanor, and juvenile offense. The tract one enters is a crucial determinant of the eventual outcome of the process. The tracts are governed by different philosophies, laws, procedures, courts, and personnel. The focus of this discussion is on the juvenile justice system, but there has been an increasing trend toward prosecuting serious juvenile offenders through the adult felony system. For example, in a recent reporting year 11,000 juveniles were waived to adult criminal courts. In 90% of these cases a guilty verdict was handed down, which compares with a less than 40% rate for adults (U.S. Department of Justice, 1983). The waiver process had been largely at the discretion of the juvenile court judge and only recently have states such as Minnesota begun to establish objective criteria for the transfer of juveniles to adult courts (Osburn & Rode, 1984).

The expanding prosecution of juveniles in adult courts is reflective of an increasingly punitive response to juvenile crime in this nation. The new direction in juvenile justice is reflected in a recent report of the National Advisory Committee for Juvenile Justice and Delinquency Prevention (NACJJDP, 1984):

The task of highest priority in the field of juvenile delinquency is to deal directly and decisively with that small core of youth who are responsible for much of the nation's crime.

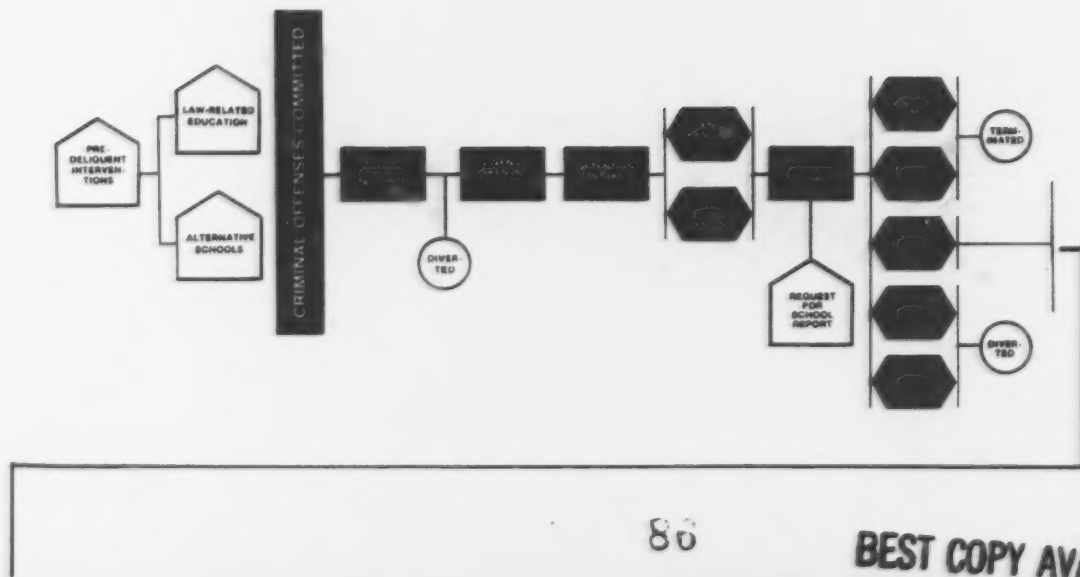
The committee took issue with the prevailing philosophy of least restrictive alternative and recommended a redirection of federal initiatives toward corrections and deterrence. Although many law enforcement officials welcome this new direction, others question the use of repressive crime control strategies that offer simplistic answers to the complex problems underlying juvenile crime (Bishop, 1984).

The juvenile justice system dates back to the later 1800s when juvenile courts were first established in Illinois. The philosophy, if not the practice of the system, traditionally has been the welfare of the child with an emphasis on noncriminal treatment of youth. Federal court decisions in the 1960s extended limited due process rights to juveniles. The 1974 enactment of the Juvenile Justice Delinquency Prevention Act (JJDP) demonstrated the responsiveness of the juvenile justice system to federal leadership. JJDP helped to usher in an era of deinstitutionalization of juvenile offenders and decriminalization of status offenses. The act encouraged the use of community alternatives in response to juvenile delinquency (Hellm, 1979). Education as an intervention strategy in juvenile crime has been strongly supported by JJDP.

Figure 1 displays the complex and multiple alternatives for processing juveniles through the juvenile justice system. The system involves two basic phases: adjudicatory and dispositional (Turner, 1981). In the adjudicatory phase, a determination of delinquency is made. This phase involves the police, probation, and courts. The dispositional phase establishes the offender's program of treatment or punishment. This phase involves the courts, probation, aftercare, and the over 2,500 juvenile justice facilities in the United States (detention centers, training centers, diagnostic centers, shelters, ranches, and group homes; U.S. Department of Justice, 1983).

The learning handicapped adolescent appears with disproportionate frequency in correctional settings. Throughout the juvenile justice system the learning-related problems of youths work against them. Their level of suggestibility and ability to be manipulated by peers and others often lead handicapped youths into delinquent acts. Similarly, their lack of sophistication and limited knowledge of the justice system make them likely arrestees and unlikely divertees from the system. Many judges and lawyers tend to focus on IQ scores and are not typically well

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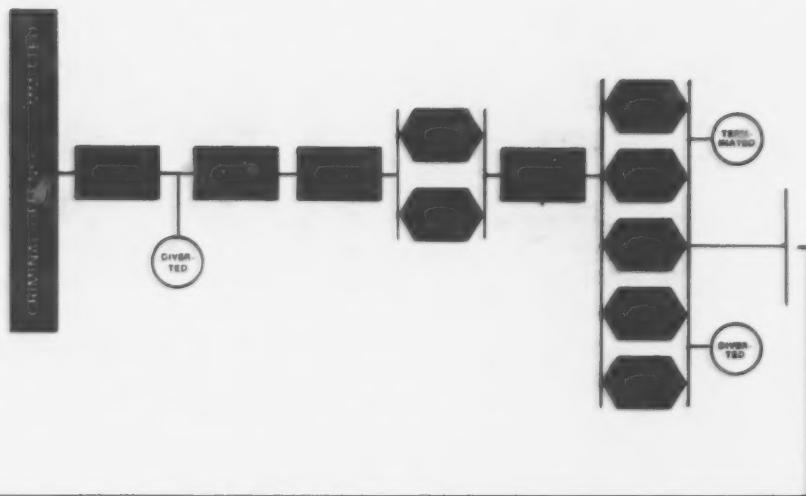




Figure 2. Educational Intervention in the Juvenile Justice System

informed about handicapping conditions (Schilit, 1983). When handicapped offenders reach the juvenile correctional facility, they are unlikely to find personnel or programs designed to meet their needs (Rutherford et al., 1985). Despite this somewhat dismal picture, there are educational alternatives and programs available within the juvenile justice system.

Educational Interventions

Schools and the educational system occupy a central and influential point among social agencies capable of intervening in the juvenile justice system (Ryan, 1983). Education in this nation remains the primary task assigned to adolescents and success in learning does much to help determine one's direction in adulthood.

The four stages at which educational interventions can be made in the juvenile justice system are represented in Figure 2, and are predelinquent, diversion from and during adjudication, dispositional, and reentry.

Predelinquent Interventions

Prevention, so goes the old adage, is superior to the cure. Educational interventions that can forestall delinquency are the most desirable and often the most economical. Considering that in 1980 the cost of incarcerating one juvenile for a year ranged from \$20,000 to \$30,000 (Abt Associates, 1980), it seems economically prudent to investigate preventive measures.

Alternative education programs directed at reducing the 20% dropout rate in U.S. schools have been demonstrated to be effective in many communities (U.S. Department of Justice, 1980). Alternative programs commonly incorporate individualized instruction, rewards for positive behavior, goal-oriented work, and small student populations. These programs may be operated by the school system, the juvenile court, or a combination of the two. Parent education programs directed at both providing skills for adults and identifying families in need of additional assistance and support constitute another preventive intervention. On a different level, individual teachers may include law-related educational components within their curricula. Also, some teachers inform themselves about the juvenile justice system and serve as advisors and advocates for delinquent youth.

Diversion From and During Adjudication

At least two forms of educational interventions are available during the adjudicatory process. Educational programs such as court and alternative schools and job programs or the cooperative occupational experience model can be used as diversion from the justice system (Meers, 1983). Youths can agree to enter community programs, and based upon their continued participation and noncriminal behavior, remain outside the juvenile justice system. Increasingly, these community programs are being operated by nonprofit agencies under performance contracts from government agencies (Nelson, 1982).

Detention education programs are available for those individuals who do not qualify for diversion, or who reside in an area where diversion programs are not available. Detention education programs primarily serve youth involved in the adjudicatory process, but can also provide programming in some short-term dispositional cases. In communities that have separate juvenile detention facilities or units, educational programs are generally available. In many smaller communities juveniles are held in special sections of local jails and for these youths, educational programs are generally unavailable (Cottle, 1979).

In states such as Michigan extensive detention education programs have been developed. These programs are generally operated by noncorrectional agencies, require teachers to have special education certificates, and maintain year-round programs with limited class size (Roush, 1984). The program in operation in Kalamazoo County, Michigan, includes academic, prevocational, health, art, industrial arts, and home economics programs. A restaurant and bakeshop operated by students provide real life work experiences for incarcerated youth.

Despite the limited period of confinement in most detention facilities, education programming remains important both to aid in transition and to enhance the academic skills of youth. Short-term remedial reading programs based on behavior modification for delinquents have been successful (Gagne, 1977). Delinquents entering detention facilities anticipate punishment. It may be only through reward conditions that improved performance can be achieved.

Dispositional

Dispositional alternatives include probation, community, residential, and institutional confinement. Education plays an important role in each of these areas. Conditions of probation for juveniles (the most frequently used dispositional alternative) commonly include regular school attendance. Teachers and educational counselors with the active support of the courts and probation staff can sometimes reach youth who heretofore have avoided school. Unfortunately, the probation officer, who is the liaison between the court and the school/community, is usually not familiar with the special needs and problems of the learning handicapped. As has been noted by Burchard and Lane (1982) the behavioral approach can often be used most effectively in working with service providers such as probation officers. The special educator can share his/her knowledge of behavior modification with criminal justice personnel. In the best of circumstances the typically adversarial relationship that often exists between the probationer and probation officer can be turned into one in which the youth is able to receive positive reinforcement from the court and its representatives.

Community-based residential facilities have long been noted for their use of behavioral and other educational approaches. Achievement Place in Lawrence, Kansas, is a home-style treatment program for delinquents. The program employs the family-teaching approach through the use of a token economy. Behavioral approaches have found their greatest acceptance in the array of group homes across the nation which are patterned on the Achievement Place model.

Behavior modification applications in longer-term institutional facilities have not been effective in reducing recidivism; but neither have any other treatment approaches. The behavioral techniques have, however, been demonstrated to be effective in producing significant gains as measured by educational achievement tests (Burchard & Lane, 1982).

It should be recognized that correctional institutions for youths and adults represent in most cases society's last resort in the correctional process. Institutions are about punishment and control for individuals who have not been able to "make it" in the community and less structured correctional settings.

Educational programs exist in nearly all the nation's juvenile correctional institutions and an increasing number of special education programs are available to incarcerated youth (Rutherford et al., 1985). However, it has not been demonstrated that institutional educational programs have a significant effect in the reduction of recidivism among delinquents.

It is difficult to teach youth self-control through forced behavior change tech-

niques in a highly structured and controlled setting. All too often well-designed behavioral programs are modified in the institutional setting to support the custodial needs of the institution.

Reentry

It is not sufficient to bring about rehabilitation without a transition program and modification of the natural environment to which the juvenile offender returns (Burchard & Lane, 1982). Transitional educational services are needed throughout the juvenile justice system to facilitate the transfer of educational records and the continuation of educational programs from community to institutional settings and from the institution back into the community.

Youths leaving correctional facilities need transitional support services into community educational programs. Frequently youths fail to reenroll in school and lacking adequate education, job, and life skills, find themselves reentering the criminal justice system rather than society. Significant issues have been raised about the generalization of skills from institutional programs to the community. Transitional programs have been the most neglected components of educational programming for delinquents. Only recently have demonstration programs been funded in this vital area.

Many opportunities exist for teachers to intervene in the juvenile justice system as resource persons, advocates, trainers, and correctional educators. The task remains to find the most appropriate approaches and locations for such interventions.

Observations on Behavioral and Educational Interventions in the Juvenile Justice System

The role of education in our society is second only to that of the family. For youths whose families have abrogated or ignored their responsibilities the task often falls entirely upon the school and other social agencies. The ultimate measure of success in correctional education always has been reduced recidivism, but the measure of public school success traditionally has not been the absence of incarceration. The success of correctional education might be more appropriately assessed in terms of the academic and vocational achievement of its students than by recidivism rates. Public schools also might modify their goals to include the development of life skills which will help reduce the incarceration of students.

It is generally agreed that delinquent/criminal behavior is learned and that adolescents can learn not to engage in such behavior. Juvenile delinquents and other adolescents need more than basic education. Traditional institutional behavior modification programs only result in first order change. Educational programs must do more than just rearrange the parts of the system, and they also must recognize that delinquency is a complex problem which defies simple solutions. Schools should provide an opportunity for success for all youth as well as for the enhancement of both academic and life skills. The learning handicapped youth needs to be exposed to information about the criminal justice system, its operation, and the realities of crime and punishment in this nation.

Correctional education should provide programs supporting the reestablishment of ties in the normalized setting. Transitional services between the community and the correctional setting must be given the highest priority. The continuum of educational services should not be broken whether by entering or by leaving the correctional environment.

The juvenile offender has not been given a high priority on the public agenda. Despite increasing programs and services, handicapped individuals likewise often have faced public indifference. When delinquency and handicapping conditions occur together, a bleak picture for public concern emerges. It is important that the new federal emphasis upon punitive measures directed at serious violent offenders does not overshadow past accomplishments on behalf of, as well as programs to meet future needs of, the learning handicapped juvenile delinquent.

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Behavior Problems of Delinquents: Effects of Race, Rater, and Situation Differences on Revised Behavior Problem Checklist Ratings

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ABSTRACT

This study examines the effects of race, rater, and situation differences on Revised Behavior Problem Checklist (Quay & Peterson, 1983) ratings assigned to students in a juvenile delinquent diagnostic and evaluation center. Problem behaviors of 140 male delinquents, ranging in age from 12 to 19 years, were rated by both teachers and child care workers in two different settings, the classroom and the dormitory. Using MANOVA and univariate F tests, significant differences were found for the main effects of rater, setting, and student's race and for the interactions of race and setting and rater and setting. Child care workers rated students more stringently in the dormitory, whereas teachers rated students more severely in the classroom. Comparisons of Revised Behavior Problem Checklist scores with other preincarceration and institutional variables are presented descriptively.

Although the use of checklists to assess children's behavior dates from the 1920s, their employment has greatly increased since the passage of Public Law 94-142 with its requirement for the administration of a screening instrument to every student classified as emotionally disturbed (Achenbach & Edelbrock, 1978; Spivack & Swift, 1973; Wickman, 1928). Previous research has found relatively low interrater agreement for most instruments in most settings; lack of congruence has been attributed to varying professional interests as well as to differences in observational settings and circumstances (Burrows & Kelley, 1983; Lindholm & Toulaitos, 1982; Lindholm, Toulaitos, & Rich, 1978).

Unlike the Quay-Peterson Behavior Problem Checklist (1967, 1979) which has been widely used in educational, clinical, hospital, and correctional settings, the Revised Behavior Problem Checklist (RBPC; Quay & Peterson, 1983) has had relatively limited use and normative data are still meager. The purposes of the current study were to examine the effects of race, rater, and situation differences of RBPC ratings assigned to students in a diagnostic and evaluation setting and to provide additional normative data, with particular regard to race, intellectual level, and place of residence (urban or rural) of the subjects.

METHOD

Subjects

The sample consisted of all male students ($N = 140$) admitted to the juvenile corrections system of a southeastern state during the period of the study. Data from the 10 females admitted during the period were not analyzed because of the small number. Included in the analyses were 82 black students (59%) and 57 white students with one Korean-American (41%). Mean age of black students was 16 years, 1 month; for white students, the mean age was 16 years, 4 months. The age range was 12 years, 3 months to 19 years, 9 months. Mean Verbal IQ of blacks on the WISC-R or WAIS-R was 75; mean VIQ of whites was 85. Mean Performance IQ of blacks was 80, while that of white students was 90. Full Scale IQ of blacks averaged 76, while the mean FSIQ of whites was 87.

Based on court, school, and Department of Pensions and Security (DPS) records, 44% of black students were from families whose socioeconomic status was at the poverty level, 49% were working class, and 7% were middle class or above. Of the whites, 29% lived at the poverty level, 50% came from working class families, and 21% were middle class and above. Poverty level was defined as both parents unemployed or working less than 20 hours per week and/or receiving disability payments or some type of public assistance. Working class was defined as neither parent a high school graduate, one or both working more than 20 hours per week; middle class or above, one or both parents high school graduates and employed full time, or other evidence of adequate income.

Appraisals of psychologists, based on psychological interview responses and court, school, and DPS records indicated that 62% of the black students came from poor or very poor (unstable, inconsistent, rejecting, uncaring) family environments, 26% came from average family backgrounds, and 12% came from families described as "good" or "very good" (warm, stable, consistent). Family atmosphere for white students was quite similar — 61% came from a family environment judged to be poor or very poor, 26% came from average backgrounds, and 13% from good or very good families.

Using information supplied by probation officers (usually from court and DPS records) to determine place of residence, it was found that a larger proportion of students came from urban areas (52%) than from rural areas (48%). These percentages differ sharply from those for the general population of the state, of which 43.8% of youths under 18 live in urban areas, while 56.2% lived in small towns, villages, and rural areas (Bureau of the Census, 1982).

Instruments

The RBPC is a factorially-derived instrument that measures 77 behavioral traits of children and adolescents. It is based on a 55-item checklist developed by Peterson in 1961 and revised by Quay and Peterson in 1967 and 1979. The checklist yields six separate scale scores: Scale I, Conduct Disorder (CD); Scale II, Socialized Aggression (SA); Scale III, Attention Problems-Immaturity (AP); Scale IV, Anxiety-Withdrawal (AW); Scale V, Psychotic Behavior (PB); and Scale VI, Motor Excess (ME). Cronbach Alpha reliability coefficients for the six subscales across seven samples ranged from .70 to .95 (Quay & Peterson, 1983).

Procedure

Eight raters (four teachers and four child care workers) were trained to complete the RBPC. Because of the limited number of workers, controlling for race and sex

TABLE 1
*Summary of Multivariate Analysis of Variance and Univariate Analysis of Variance for
 Effects of Race, Rater, and Setting of Revised Behavior Problem Checklist Ratings*

Contrast	test	df	Race		Rater		Setting		Race x Rater		Race x Setting		Rater x Setting		Race x Rater x Setting	
			F	p	F	p	F	p	F	p	F	p	F	p	F	p
Overall	Wilks	6,133	2.595	.021*	13.909	.000†	16.855	.000†	1.509	.180	4.541	.000†	108.999	.000†	1.544	.169
CD	Univariate F-test	1,138	12.050	.001†	46.139	.000†	62.030	.000†	1.419	.236	11.932	.001†	11.832	.001†	7.472	.007°
SA	Univariate F-test	1,138	7.121	.009°	15.984	.000†	29.721	.000†	.015	.903	.068	.795	243.840	.000†	1.940	.166
AP	Univariate F-test	1,138	46.316	.015*	4.028	.047*	.202	.654	2.248	.136	.029	.866	158.214	.000†	5.167	.025*
AW	Univariate F-test	1,138	9.757	.294	4.152	.043*	.926	.338	.960	.329	7.631	.007°	332.358	.000†	.913	.341
PB	Univariate F-test	1,138	1.040	.019*	.004	.000†	.350	.555	.476	.491	.519	.473	10.435	.002°	1.940	.166
ME	Univariate F-test	1,138	4.966	.012*	13.103	.000†	23.743	.000†	2.408	.123	2.380	.125	199.136	.000†	2.813	.096

* $p < .05$

° $p < .01$

† $p < .001$

of rater was not possible. Most of the checklists were completed by four of the raters (a black male teacher, a white female teacher, a white male child care worker, and a black male child care worker) with the other four raters acting as substitutes on one or two occasions.

All raters observed and rated students during the same time periods each week, once in the classroom and once in the dormitory-recreation area. Thus, each student was rated eight times (two ratings by each of the four raters) on the 4th day of his 3rd week at the diagnostic center.

Data Analysis

A multivariate analysis of variance was conducted to determine the main and interaction effects on the dependent variables of Conduct Disorder, Socialized Aggression, Attention Problems-Immaturity, Anxiety-Withdrawal, Psychotic Behavior, and Motor Excess. Where the MANOVA analysis revealed significant differences, univariate *F* tests were conducted for the six RBPC subscales.

RESULTS AND DISCUSSION

On the MANOVA significant differences were found for the main effects of race, rater, and setting and for the interactions of race and setting and rater and setting (Table 1).

Significant interactions between rater and setting occurred on all six RBPC subscales. Comparing teacher ratings with child care worker ratings on the RBPC, all students received significantly higher ratings in the classroom from teachers than from child care workers on all subscales. In the dormitory, significantly higher ratings were assigned by child care workers than by teachers (Table 2). These results appear to support the findings of Speer (1971) and of Burrows and Kelley (1983).

TABLE 2

Means and Standard Deviations for Revised Behavior Problem Checklist Subscales by Profession of Rater and Setting

Scale	Classroom		Setting Dormitory		Overall	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
TEACHERS:						
CD	6.14	7.54	5.98	6.24	6.06	6.44
SA	4.75	2.06	2.36	1.60	3.56	1.48
AP	6.11	4.73	2.43	3.21	4.27	3.57
AW	4.63	2.88	.50	1.05	2.56	1.65
PB	.34	.80	.16	.48	.25	.53
ME	1.78	1.67	.60	1.00	1.19	1.20
COUNSELORS:						
CD	5.64	5.83	8.24	8.51	6.94	6.78
SA	2.28	1.40	5.29	2.32	3.79	1.59
AP	2.29	2.97	5.89	4.60	4.09	3.45
AW	.41	.84	4.40	2.86	2.41	1.61
PB	.14	.48	.35	.83	.25	.56
ME	.55	1.00	2.15	1.52	1.35	1.13

Significant interactions between race and setting occurred on two subscales, Conduct Disorder and Anxiety-Withdrawal. Combined teacher-child care worker ratings were higher for black students than for white students in both the dormitory and the classroom on both CD and AW. There was also a greater difference between the ratings of blacks in the dormitory and the classroom than of whites in the two settings (Table 3). These results are similar to the findings of Lindholm, Touliatos, and Rich (1978) and Kaufman, Swan, and Wood (1980).

Combined scores of teachers and child care workers were generally higher in the dormitory than in the classroom; there were exceptions to this general rule. Attention Problems-Immaturity scores were slightly higher in the classroom for both blacks and whites; Psychotic Behavior scores were higher for whites in the classroom; and Anxiety-Withdrawal scores were higher for blacks in the classroom than for blacks or whites in the dormitory. the MANOVA for the interaction of setting, profession of rater, and race of students revealed no significant differences.

In summary, there were significant differences between RBPC ratings assigned in the dormitory and those assigned in the classroom to all students on all six subscales of the RBPC. There were also significant differences between the ratings assigned to black students and those assigned to white students in both settings on two of the subscales, Conduct Disorder and Anxiety-Withdrawal. Conduct Disorder mean for blacks was 8.05; for whites, 4.29. Overall Anxiety-Withdrawal mean for blacks was 2.60; for whites, 2.32. While the multivariate tests were significantly different for the main effects of race, rater, and setting, the specifics of these differences were interpreted in terms of the significant two-way interactions affecting these variables.

Differences in ratings in the highly structured classroom and in the relatively free environment of the dormitory were quite pronounced when teacher ratings were

TABLE 3

*Means and Standard Deviations for Combined Teacher
and Counselor Ratings on the Revised Behavior
Problem Checklist by Race and Setting*

Scale	Black Students		White Students		Total Black & White	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
DORMITORY:						
CD	8.89	6.86	4.58	6.36	7.11	6.97
SA	4.11	1.68	3.42	1.44	3.83	1.61
AP	4.76	3.74	3.31	3.05	4.16	3.53
AW	2.49	1.63	2.40	1.65	2.45	1.63
PB	.35	.62	.12	.33	.25	.53
ME	1.55	1.18	1.00	1.00	1.38	1.12
CLASSROOM:						
CD	7.23	6.28	4.00	5.84	5.89	6.29
SA	3.79	1.49	3.13	1.32	3.52	1.46
AP	4.79	3.66	3.37	3.08	4.20	3.49
AW	2.72	1.59	2.24	1.60	2.52	1.61
PB	.32	.64	.13	.38	.24	.55
ME	1.39	1.26	.83	1.05	1.16	1.21

compared to counselor ratings. Highest ratings overall were given by the counselors in the dormitory on Conduct Disorder, Socialized Aggression, Psychotic Behavior, and Motor Excess. Highest ratings on the other two scales, Attention Problems-Immaturity and Anxiety-Withdrawal, were given by the teachers in the classroom. Combining teacher and counselor ratings had the same outcome: ratings for all students were higher in the dormitory on all scales except Attention Problems-Immaturity and Anxiety-Withdrawal. These results appear to support Speer's (1971) speculation that behavior ratings are affected not only by actual differences in behavior depending on the social context of the setting, but also by other situational variables such as varying adult behaviors. Other factors suggested by Speer (1971) are individual differences in adults' interpretations and evaluations of children's behavior and in adult tolerances for various kinds of child behavior.

Effects related specifically to profession or role of rater have been described by Kaufman, Swan, and Wood (1980), Lindholm and Toulaiatos (1982), and Wickman (1928). In addition to the influences described above, differences in ratings in the dormitory and in the classroom were clearly related to profession of rater, as evidenced by the interaction on each of the RBPC subscales between rater and setting. On every scale, teachers assigned higher ratings in the classroom than in the dormitory, whereas child care workers assigned higher ratings in the dormitory than in the classroom. Apparently, each rater was more conscientious or more alert to problem behaviors in the area for which he or she was responsible than in the area in which someone else had primary authority.

Other differences that appear to be related to profession of rater as well as to setting are the high ratings on Attention Problems-Immaturity and Anxiety-Withdrawal in the classroom by teachers. In prior studies comparing ratings of teachers to those of mental hygienists (Wickman, 1928) and school counselors (Lindholm & Toulaiatos, 1982), teachers were more sensitive to conduct disorders whereas counselors and mental hygienists were more concerned by withdrawn behaviors. In the present study, counselors (child care workers) are filling a role more comparable to that of guard or policeman than that of school counselor. This role difference, combined with the difficulty of observing Anxiety-Withdrawal or Attention Problem-Immaturity behaviors in the frenetic atmosphere of the dormitory, provides a plausible explanation for the relatively high scores assigned by teachers in the classroom.

Differences in RBPC ratings related primarily to race were also found. Ratings by all raters on Conduct Disorder, Attention Problems-Immaturity, and Motor Excess were significantly higher for blacks than for whites in both settings. This finding corresponds with that of previous research which has indicated that blacks are generally rated higher than whites on the BPC. However, it should also be noted that previous research with special education and regular class children has found that those in special education were rated higher on the BPC (Lindholm & Toulaiatos, 1982; Lindholm, Toulaiatos, & Rich, 1978). Respective intellectual levels for blacks and whites in this study (mean FSIQ for blacks was 76, mean FSIQ for whites was 87) indicate that level of intelligence may have been a factor in their RBPC scores. Results of the investigation of stability of the RBPC across settings, profession of raters, and race of students suggest that the combined RBPC ratings of two experienced raters of either (or both) professions (teacher and child care worker) made in their natural environments (teacher/classroom and child care worker/dormitory) will provide a relatively stable and valid measure of a student's behavior.

RECOMMENDATIONS FOR FUTURE RESEARCH

Racial differences in the juvenile corrections system population, as seen in this sample, were much greater than the investigator would have predicted; these differences may be related to conditions associated with the more severe poverty of the black students. Future research might include more data on prenatal and early childhood factors such as type and amount of prenatal care, age of mother at birth of child, early environmental factors (number of siblings, birth order, father present or absent, principal care givers, early school adjustment, hyperkinesis, child abuse, etc.), and intellectual development (grades in school in first, third, and sixth grades; achievement test scores, special education testing or placement, etc.).

Results of this study suggest that this juvenile corrections system population consists largely of black youths from urban areas and white youths from rural areas. Further research to determine the reasons for this pattern and to what extent it is related to school, family, and economic conditions is also suggested. Completion of RBPC ratings by parents of delinquents for comparison with ratings by institutional staff members would also be of interest.

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The Influence of Guided Group Interaction: Positive Peer Culture on Ego Development and Moral Judgment of Juvenile Offenders

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ABSTRACT

Guided Group Interaction: Positive Peer Culture (GGI:PPC) is a correctional practice for delinquency focusing on the use of peer pressure toward conformity to social/legal standards. The purpose of this study was to assess change effected by GGI:PPC utilizing structural-cognitive developmental theory and instrumentation. Treatment and comparison groups were composed of 20 male juvenile offenders. Loevinger's Sentence Completion Test of Ego Development and Rest's Defining Issues Test of Moral Judgment were administered to each subject individually at 9-month intervals. Similar to previous studies with delinquents there was an overrepresentation of low levels of ego and moral development. There was no difference between groups in ego development or moral judgment after GGI:PPC. Comparison of pretest and posttest scores, however, revealed that GGI:PPC resulted in significant gains in ego development ($P = < .005$). The treatment group moved from preconformist range to the range of maximum conformity in ego development while the range of the comparison group remained constant. The treatment group exhibited gain in stage 4 (law and order orientation) at the expense of loss in lower level moral judgment preference. In addition, GGI:PPC resulted in fewer subjects being recidivists.

Guided Group Interaction: Positive Peer Culture (GGI:PPC), a widely utilized correctional treatment for delinquency, is characterized by the use of peer pressure toward conformity to social/legal standards. It is assumed that experiences of reasoned discussion in the peer group are internalized and result in personality changes which function as internal controls over behavior. Such change is the objective of most forms of rehabilitation.

According to Schur (1976) many of the more effective programs for delinquency have focused on guided group interaction or its derivatives. Reviewers of GGI:PPC program evaluations have reported a decrease in various measures of recidivism, improvement in attitude, gain in ego strength (Bennett, Rosenbaum, & McCull-

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lough, 1978), clearer reality orientation, and upgrading of anticipated social status (Stephenson & Scarpetti, 1974). Gerard (1975) reported recidivism for GGI-PPC program (14.3%) significantly lower than for a behavior modification program (42.5%) in the same institution. PPC did not have a significant effect on self-concept until a delinquent had been in treatment for 120 days (Lybarger, 1976). Although delinquency occurs during adolescent development, no attention had been given to sequential stage development in evaluating the influence of GGI-PPC or other approaches developed within the correctional system.

Numerous psychological approaches to the typing of delinquency have been utilized in areas of research and differential treatment in correctional settings (Bennett et al., 1978; Knopf, 1979). While such typological systems initially classify juveniles by personality, the impact of rehabilitation efforts is typically evaluated by change in personality traits and attitudes and various measures of recidivism. This falls short of the initial focus on personality development from a cognitive developmental point of view. The ego development theory of Jane Loevinger (1966, 1976) and the work of Lawrence Kohlberg (1958, 1978) in moral development support investigation of delinquent socialization in terms of developmental sequence. The purpose of this study was to assess the influence of Guided Group Interaction: Positive Peer Culture on ego and moral development of juvenile offenders.

The interpersonal maturity levels (I-level) typology of delinquency (Sullivan, Grant, & Grant, 1957) is closely related to Loevinger's (1976) stages of ego development. Both theories assume "each person has some level of core functioning" (Loevinger & Wessler, 1970, p. 15). The ego development continuum defines preconformist structures of meaning for persons at the earliest stages of ego development through the conformist stage to postconformist stages less commonly found in any given population. A level may define both a stage of development and a characterlogy of personality at any given time.

Mean ego level has been demonstrated to increase with age of adolescents in cross-sectional (Coor, 1970; Hoppe, 1972; Loevinger & Wessler, 1970) and longitudinal (Redmore & Loevinger, 1979) studies. Redmore and Loevinger reported a mean gain in ego development of approximately a stage and a half in a longitudinal study of adolescents from grades 6 to 12. Based on Sullivan's data on 191 Toronto school children, Loevinger and Wessler (1970) reported modal stages for the following age groups: ages 9-10, Impulsive stage; 11-12, Self-Protective stage; 13-14, Conformist stage; 17-18, Self-Aware and Conscientious stages. The modal stage for high school students is the Conformist stage (I-3; Loevinger, 1976). Certain patterns of behavior such as responsibility taking (Blasi, 1971), conformity (Hoppe & Loevinger, 1977), and interpersonal style (Hauser, 1978) have been reported as congruent with and predictable from level of ego development.

Delinquents scored lower on measures of ego development than their nondelinquent peers (Cresswell & Lacks, no date; Frank & Quinlin, 1976; Haraikal, 1971; Loevinger, 1979). Preconformist levels of ego development were consistent with classic delinquent behaviors such as street fighting, running away from home, and alcohol abuse (Frank & Quinlin, 1976), impulsivity and rebelliousness (Mikel, 1974), and school behavior problems (Harris, 1979; Masterson, 1980). Research has not addressed the effects of intervention for delinquency on ego development but studies have reported gains in ego and moral development with "normal" adolescents in educational interventions varying in length from 3 to 9 months (Alexander, 1980; Erickson, 1977; Sullivan, 1975, 1980).

The moral development continuum describes the types of relationships

between the self and society's roles and expectations. The sequence is defined in orderly stages which proceed in preconventional, conventional, and postconventional or principled levels. Development of moral reasoning is supported by longitudinal data (Colby, Kohlberg, & Gibbs, 1979; Davison, 1979). Group averages revealed that subjects required over 4 years to move one full stage on the Moral Judgment Interview (Colby et al., 1979) with significant upward trends on the Defining Issues Test, an objective measure, within a similar period (Davison, 1979).

The relationship between moral and ego development has been shown for sequentiality and with age partialled out (Lambert, 1972; Sullivan, McCullough, & Stager, 1970). Maladaptive behavior in "normal" adolescents has been related to lower levels of ego and moral development (Masterson, 1980). Groups of delinquents scored lower on measures of moral maturity than groups of nondelinquents matched for age, race, social class, and intelligence (Campagna & Harter, 1975; Fodor, 1973; Hudgins & Prentice, 1973; Kohlberg, 1978; McColgan, 1975). Comparison of delinquents of different ages with nondelinquents from comparable social environments revealed that delinquents function at moral maturity levels similar to children 5 years younger than themselves (Kohlberg & Freundlich, 1972). Studies have also shown delinquents to be significantly delayed in social perspective-taking skills (Chandler, 1973; Selman, 1973). Stages of social perspective-taking are a necessary but not sufficient condition to moral judgment advancement (Kohlberg, 1976). High correlations between moral maturity scores at ages 13 and 16 and mid-20s suggest moral maturity is an excellent predictor from adolescence to adulthood (Gilligan, 1980; Kohlberg & Kramer, 1969; LaCross & Kohlberg, 1969). Interventions designed to promote advance in moral judgment of delinquents have involved the use of moral dilemma discussion groups (Fleetwood & Parrish, 1977; Franklin, 1980; Hickey, 1971) and just community concepts (Jennings & Kohlberg, 1980; Kohlberg, Kauffman, Scharf, & Hickey, 1976). Such interventions are based on conditions that stage advancement is best influenced through provision of reasoning which is one level/stage higher than the subjects' current level of functioning (Kohlberg, 1969).

Based on sociological theories of delinquent behavior involving the concept of peer pressure, group therapy aimed toward developing positive peer pressure can be supported. GGI-PPC would appear to have value from a cognitive developmental perspective by attempting to influence conventional levels of thinking in pre-conformists rather than indoctrination of conformity per se.

METHOD

Subjects

Subjects in this study were 20 adjudicated male offenders ranging in age from 14 to 17 years. Education completed ranged from 8th to 11th grade with IQ scores within low average to average ranges. Socioeconomic status was within low to middle income levels. Subjects had committed an average of two offenses which would be classified a felony level crime if committed by adults (e.g., theft over \$100, trafficking in controlled substances, burglary).

Procedure

Subjects were derived from judicial decision in favor of probation or supervision as opposed to adjudication to residential settings. Assigned by judicial decision were 10 juveniles who met the criteria for acceptance to a self-contained alternative

school placement. The program was designed to serve juvenile offenders who are not retarded and have no history of violent behavior or severe emotional disturbance. Attendance was compulsory and enforced by the court. The comparison subjects were drawn from the remaining probation/supervision group who also met the criteria for acceptance to the program. The 10 comparison subjects attended the public school system.

The program was composed of three components: education, recreation, and group therapy. Subjects participated in each component for approximately 2 hours daily. The milieu of the program was Guided Group Interaction: Positive Peer Culture. GGI-PPC focuses on antisocial behavior as individual problems to be solved through interactions with other delinquents. Initial lack of motivation is overcome by engaging the adolescents to "help each other with their problems". This need to help eventually becomes a dynamic force which is maintained through constant indirect pressures (reversing responsibility to the group). A high level of interaction is encouraged, while the role of group leader is to serve as a consultant and to block attempts at problem solving through delinquent problem-solving methods. Thus, the group is encouraged to adopt cultural values that emphasize social confidence and moral responsibility to the group as well as the society-at-large. When this ethic is engendered, the "Positive Peer Culture" is established and the group introduces new members to it accompanied by peer pressure to conform when they deviate from it (Harstad, 1976; Larsen, 1970; Loe, 1976; Lybarger, 1976; Richardson & Meyer, 1972; Vorrath & Brendtro, 1974).

Instruments

The Sentence Completion Test of Ego Development (SCT; Loevinger & Wessler, 1970) and the Defining Issues Test (DIT; Rest, 1979b) were orally administered to individual subjects at entry and at 9-month intervals. The SCT was designed to measure a person's frame of reference or developmental ego level. The SCT is scored by referring to two volumes (Loevinger & Wessler, 1970; Loevinger, Wessler, & Redmore, 1970) and a supplementary Scoring Manual for Men and Boys (Redmore, Loevinger, & Tamashiro, 1978). Total Protocol Ratings (TPR) are derived on the basis of the distribution of the rated responses to the 36 incomplete sentence stems according to the ogive distribution method (Loevinger & Wessler, 1970). An alternate scoring method of weighted item sum scores provides cutting scores for levels of preconformity, maximum conformity, and postconformity (Hoppe & Loevinger, 1977; Redmore & Walden, 1975; Schenberg, 1973). The scoring procedure in this study utilized blind rating by a formally trained and experienced rater. Interrater reliability with a second formally trained and experienced rater was $r = .92$ for the total protocol rating, within the .85 to .94 range among trained raters (Loevinger & Wessler, 1970). Reliability for item sum scores was $r = .88$.

The Defining Issues Test (DIT) is an objective test of moral reasoning. It assumes that persons at different developmental stages perceive moral dilemmas differently, especially in regard to what they view as the central focus of a moral problem and the considerations they choose as most important. The Kohlberg Moral Judgment Interview assesses spontaneous production while the DIT is a measure of recognition, comprehension, and preference. When evaluation of group intervention is desired, the DIT is as appropriate as the moral interview method (Kohlberg & Kuhmerker, 1980; Lieberman, 1980). McColgan (1977) reported that the DIT may be more appropriate than the moral interview method with delinquents because its recognition/comprehension task is not as heavily

TABLE 1

*Pretest-Posttest TPR Distributions for
Treatment and Comparison Groups*

Ego Level	Treatment Group		Comparison Group	
	Pretest Number	Posttest Number	Pretest Number	Posttest Number
		%		%
I-2 Impulsive Stage	2	20	1	10
I-Δ Self-Protective Stage	5	50	3	30
I-Δ /3 Self-Protective/Conformist Level	3	30	4	40
I-3 Conformist Stage		2		20
I-3/4 Self-Aware Level		5		50
I-4 Conscientious Stage		1	2	10
I-4/5 Individualistic Level		0		0
I-5 Autonomous Stage		0		0
I-6 Integrated Stage		0		0
Total	10	100	10	100

loaded with verbal skills. Marston (1978) reported that DIT scores continued to be significantly related to delinquents behavioral ratings at 3-year follow-up even with IQ and SES partialled out.

The DIT consists of six moral dilemma stories for the full form and three for the short form. Reliability data indicate that using a short form should have little effect on results where group change is the focus (Davison, 1979). Subjects choose among 3 options in attempting to solve each dilemma, and rank in order of importance 4 choices from 12 issues bearing upon each dilemma. Two types of scores can be derived from the DIT. The *P%* score reflects preferences for stages 5 and 6 (principled moral judgment). The *D* index reflects all rating/ranking choices, and thus represents an overall score based on preferences for stages 2 through 6. The DIT stages of moral judgment "whose core characteristics are directly borrowed from Kohlberg's" (Rest, 1979a, p. 40) assess the following central concepts for determining moral rights and responsibilities: Stage 1, obedience; Stage 2, instructional egoism and simple exchange; Stage 3, interpersonal concordance; Stage 4, law and duty to the social order; Stage 5, social consensus; Stage 6, nonarbitrary social cooperation.

RESULTS

Ego Development

Table 1 presents the pretest-posttest TPR distributions for the two groups. As in previous studies with delinquents there was an overrepresentation of preconformist levels of ego development at pretest. Analysis of between group differences conducted with the Mann-Whitney U test revealed no significant difference between the medians of TPR scores for the two groups at pretest or posttest. Pretest-posttest differences within the two groups were analyzed using the Wilcoxon sign test for related samples. Analysis with TPR scores revealed that level of ego development after GGI-PPC was significantly higher than before treatment, $T(10) = 0, p < .005$ (one-tailed test). There was no pre-post test difference for the comparison group. Individual gains in GGI-PPC exceeded what would be expected under normal conditions.

Since social conformity is the objective of GGI-PPC, item sum scores were utilized to further investigate treatment effects. The following cutting scores were derived by Hoppe and Loevinger (1977) and Schenburt (1973): below 180 = preconformity, 180-210 = maximum conformity, above 210 = postconformity. Table 2 depicts the mean item sum scores for both groups at pre- and posttesting and their gain scores. The *SD* rating of the mean item sum score of the treatment group at posttest was entirely within the range of maximum conformity. The comparison group posttest 1 *SD* range of the mean ranged from preconformity through maximum conformity.

Moral Judgment

Moral judgment of subjects in the present study was consistent with other findings that delinquents tend to use developmentally lower modes of moral judgment than do nondelinquents. Overall, 79% of the juvenile offenders in this study were in the lowest quartile for principled moral judgment (*P%*) at pretest. All subjects in both groups remained within the lowest quartile for moral judgment (*D* index) from pre- to posttest. The Mann-Whitney U Test revealed no significant difference between medians of *P%* scores or *D* scores at pre- or posttest. There was a positive trend gain in principled moral judgment and moral judgment for the treatment

TABLE 2
*Pretest/Posttest Mean Item Sum Scores for
Treatment and Comparison Groups*

Testing	Group	
	Treatment	Comparison
Pretest	159.4	172.5
SD	16.88	22.73
Posttest	193.1	181.3
SD	12.79	20.18
Gain score	33.7	8.8

group and a reverse trend for the comparison group. Investigation of gain and loss scores by stages revealed that the treatment group gained in stage 4 at the expense of a loss at stage 3. Both exceeded the standard error of measurement. This reflects a gain in preference for stage 4 moral judgment at which public institutionalized law coordinates expectations about actions.

Recidivism

There was no significant difference in recidivism by frequency of offenses by persons or between groups. Offenses committed by 2 repeat offenders in the treatment group were misdemeanors and status offenses. Status offenses are acts which would not be judged criminal if committed by adults. In contrast, offenses committed by 7 of the comparison subjects included felonies and misdemeanors a greater number of offenses of a more serious nature.

DISCUSSION

GGI:PPC was not designed to promote cognitive-structural advance but to produce a change in value orientation and behavior to conform to social/legal standards. Yet, the objective of social conformity for delinquency was supported within a developmental perspective. GGI:PPC resulted in significant gain in ego development which was reflected in movement from preconformity to maximum conformity ranges. Significant individual and group gains in ego development supported sufficiency of correctional practice for personality development. Of equal importance, this study revealed that delinquents change and are not fixed at preconventional levels of ego development. This was accompanied by a negative trend in recidivism and positive trends in moral judgment. Gains in moral judgment resulted from a significant gain in law and order orientation preference at the expense of significant loss in lower order moral judgment.

Cognitive developmental measures were designed to assess life span development. In this study cognitive developmental assessment tools were applied to delinquent males. This population typically performs lower than the "normal" population on the dimensions assessed. This reflects developmental delay or fixation in socialization within the environment with a history of slower progression than would be expected of nondelinquents. Treatment group gain in ego development and movement in the desired direction in moral judgment supports the appropriateness of GGI:PPC for stimulation toward structural cognitive development. However, the 9-month study may have been limited in time to produce significant differences between groups.

The majority of studies which have revealed significant treatment results in moral development with delinquents have utilized Kohlberg's Moral Judgment Interview (MJl; Hickey, 1972; Jennings & Kohlberg, 1980; Scharf, 1973). Rest (1980) reported upon review of studies utilizing the DIT that the most consistent finding regarding the DIT is resistance to change. In addition, a recurring problem of the DIT has been that many subjects did not understand the test or were too young to take it (Rest, 1979a). This is a consideration regarding use of the DIT with delinquents generally recognized as a population associated with learning and academic difficulties.

Group interventions such as GGI:PPC, which concentrate on negotiation to conformity, provide an inherent fit between group technique and the rewards of group approval. According to Loevinger (1976), transition to conformity may be the most appropriate level for application of such intervention. Although research has shown an overrepresentation of preconformists in delinquent populations, not all juvenile offenders are functioning at low levels of ego development. Levels of ego development were related to types of federal offenses (Powitzsky, 1976) with car thieves scoring the lowest and conscientious objectors scoring the highest. Further research is needed to determine the types of correctional treatment appropriate for juveniles who are determined to be functioning at varying levels/stages of ego development.

Because of the antisocial behavior which brings delinquents into the correctional system, they require firm and effective control for society's sake as well as their own. However, if delinquents are to be rehabilitated rather than punished, factors other than control are involved. Delay or fixation in development of the socialization process implies a focus on cognitive stimulation as well as behavioral control. Correctional programs such as GGI:PPC appear to have potential to provide structure for behavioral control, modeling, and group approval toward gaining a repertoire of appropriate social options. They also exhibit potential to provide cognitive stimulation toward developing the social intellectual ability necessary for generalizing new learning within the greater society.

Results of this study suggest that a more comprehensive view of the influence of correctional treatment for delinquency can be gained through a cognitive developmental approach. More research is needed to fully explore the potential for understanding the influence of correctional treatment for delinquency within a cognitive development perspective.

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Analysis of Predictive Research Literature with Adolescent Behaviorally Disordered Students in Public School Settings

Charlie Hughes, Kathy Ruhl, and Lori Korinek

A survey of the professional literature published since 1975 reveals educators struggling with numerous issues relating to secondary programming for behaviorally disordered students in public school settings such as prevalence and labels (Hirshoren & Heller, 1979), locus of services (Bullock & Brown, 1977; Heller, 1981; Hirshoren & Heller, 1979), and instructional models (Clark, 1976; Heller, 1981; Nelson & Kauffman, 1977). Although the importance of these topics for individuals engaged in planning for provision of services to adolescent behaviorally disordered students is apparent, information on data based interventions is critical to delivery of these services. Such information is of importance for both classroom teachers confronted with accountability requirements and individuals engaged in preservice and inservice teacher training. However, Miller (1981) has decried the limited amount of data on secondary programming across all categories of special education. Additionally, Lakin (1983) voiced concern about the quality of reporting and design procedures of research on the behaviorally disordered in general. The purpose of this review of the literature is to determine what predictive, experimental (Ysseldyke & Algozzine, 1982) studies have been published relating to adolescent behaviorally disordered students served in public school, self-contained, or resource settings, and to analyze these studies. Specific questions addressed by this review are:

1. How many studies have been published on this topic?
2. What characteristics of subjects in the studies (number, sex, age, grade, label) are reported?
3. What are the design characteristics of these studies (type, variables, assessment, reliability, follow-up procedures)?
4. What are the reported results and practical considerations?

METHOD

Initially, an investigation of journals dealing in total or in part with behaviorally disordered children and/or adolescent populations was made; 17 journals were selected (see Appendix). Consecutive issues of these journals beginning with January 1976 (two months after the signing of PL 94-142 by the President) through March 1984 were reviewed to identify studies meeting all of the following criteria:

(a) Subjects studied in the reported investigation must have been identified as having emotional or behavioral problems; (b) subjects must have been served in public school, special classes, either self-contained or resource; (c) subjects must have been in grades 7 through 12; and (d) studies must have examined the effect of at least one independent variable on one or more dependent variables. Articles were excluded from analysis if subjects were labeled autistic since this population is not always included in service categories for the behaviorally disordered.

When the journal search resulted in only 7 articles, a computerized ERIC search of articles for the same time period was authorized utilizing descriptors such as emotionally disturbed, emotionally handicapped, behaviorally disordered, secondary education, and special education programs. The meager results of the ERIC search prompted a search of the title index of the *Exceptional Child Education Resource Index* beginning with Winter 1977 and following through to the most recent available volume (Winter 1983). Approximately 800 titles were identified as leading to articles potentially meeting the above criteria. A review of abstracts of these articles then followed. Finally, 6 monographs on the topic of behavioral disorders of children and youth for the years 1978 through 1983 (see Appendix) were surveyed. This effort resulted in 2 additional articles which met the selection criteria.

RESULTS

Results of the current review of the literature are organized here according to the four questions under investigation. Data have been combined for summarization in text and are presented relative to individual studies in Table 1.

How many studies have been published on this topic?

The portion of the professional literature reviewed resulted in a total of 9 studies. However, several abstracts of doctoral dissertations in the *Exceptional Child Resource Index* describing studies which appeared to meet selection criteria for this review were found. These dissertations may be an additional source of information on effective techniques to be used with disturbed adolescents in a public school setting but were not included in this review.

What characteristics of subjects in the studies are reported?

Demographic information provided relevant to subjects varied across studies. Of the studies 8 identified specific labels of category with 5 using behaviorally disordered, making this the most frequently used term. In other investigations, subjects were described as emotionally disturbed, having conduct problems, or having difficulties with academics, human relations, and/or self-organization. Specific criteria for the assigned label were reported in two studies, and in one of these the criteria were stated only in terms of meeting state special education guidelines. Most commonly reported were academic and/or behavioral criteria for inclusion in the study with only 4 studies failing to report this information. Again, however, the specificity of the many criteria varied. For example, even though an average or normal intelligence level was noted as a characteristic in three articles, the name of the intelligence test and the scores or even ranges were not delineated.

What are the design characteristics of these studies?

Single subject research designs predominated the studies analyzed with only 2 articles reporting the use of randomized, pretest-posttest group designs. Of these

latter investigations one study compared an experimental group with a control group (Slavin, 1977) while the remaining study relied only upon treatment groups (Maher, 1982). The single subject designs included the following: three ABAB designs involving reversals and reinstatement data (LaNunziata, Hill, & Krause, 1981; Polsgrove, Reith, Friend, & Cohen, 1980; Reith, Polsgrove, Semmel, & Cohen, 1980); two multiple baseline design, across behaviors and/or subjects (Lebosock & Salzberg, 1981; Schloss, Kane, & Miller, 1981); and two simple AB designs consisting of baseline and treatment phases for particular students (Platt & Kroth, 1979; Waksman, 1979).

Little overlap in independent variables of interest was observed across studies. Interventions studied were cooperative goal structure (Slavin, 1977), student selection of target behaviors via Q-sort procedures (Platt & Kroth, 1979), a combination of behavioral techniques such as behavior management training for teachers and home-school contracts (Waksman, 1979), instructional procedures such as silent rehearsal or corrective feedback (Polsgrove et al., 1980), social skill training (LaNunziata et al., 1981; Schloss et al., 1981), role play (Lebosock & Salzberg, 1981), and peer tutoring or group counseling (Maher, 1982).

Combination procedures were investigated in 7 studies with the remaining 2 using isolated procedures. The use of reinforcement in conjunction with the above interventions is characteristic of the analyzed studies. One study (Schloss et al., 1981) included the removal of out of school reinforcers as an attempt to apply behavioral strategies to the subjects' home settings.

Behaviors targeted for change (dependent variables) in these studies may be classified into three categories: improved academic behaviors, decreased inappropriate classroom behaviors, and increased appropriate classroom behaviors. Academic behaviors were a focus of 3 studies (Maher, 1982; Polsgrove et al., 1980; Reith et al., 1980). Specifically these investigators studied relationship of interventions to improve grades or to increase reading behaviors such as oral reading rate, comprehension, and acquisition of vocabulary words. The effects of intervention on decreasing inappropriate classroom behaviors such as talking out, swearing, noncompliant behaviors, and discipline referrals were examined by 4 studies (Lebosock & Salzberg, 1981; Maher, 1982; Platt & Kroth, 1979; Waksman, 1979). Attempts to increase appropriate classroom behavior were reported in 4 studies (LaNunziata et al., 1981; Maher, 1982; Schloss et al., 1981; Slavin, 1977). These behaviors included increased school attendance, being on task, neat work, student interaction, and ignoring others' inappropriate behavior.

Each of the 9 studies used some form of observation (behavior checklist, frequency counts, monitoring of school records, and direct classroom observation) for assessment of effects of independent variables on dependent variables. Sociometric instruments were chosen for use in addition to observational data in two of the studies (Slavin, 1977; Waksman, 1979). Relevant to observations, reliability data which help guard against observer bias and add credibility to results obtained were reported in 5 of the studies. The range of reported means of reliability data across those 5 studies was between 86.5 and 97.6%.

Follow-up assessment of intervention effects in the design were provided for in 4 studies (Lebosock & Salzberg, 1981; Maher, 1982; Schloss et al., 1981; Slavin, 1977) and the data were included in the report. Poststudy follow-up results were obtained at intervals ranging from 3 weeks to 5 months after cessation of the experiment and, in all 4 studies, were reported to be consistent with original findings.

TABLE 1

Published Research Utilizing Behavior Disordered Adolescents

Author/s	Slavin, 1977	Platt & Kroth, 1979	Waksman, 1979
SUBJECTS			
number and sex	31 Males 8 Females	2 Males 1 Female	10 Males 2 Females
age and/or grade	grades 7-9	junior high aged	10-14 years grades 5-8
label (criteria)	having problem with academics, human relations or self-organization (NR)	emotionally disturbed (NR)	conduct problems (scores above 21 on AML Behavior Checklist) 3 ED/LD (NR)
academic/ behavioral information	Normal intelligence (scores NR)	NR	NR
DESIGN			
type	Randomized Pre - Post Experimental vs. Control	AB	AB
independent/ dependent variables	Effect of a cooperative reward structure (use of Teams, Games and Tournaments) on student-peer interactions and on-task behavior	Effect of a combination Q-sort in student selection of behaviors to modify, with behavioral intervention approaches (reinforcement) on fooling around, swearing and talking out	Effect of behavior management for teachers, daily student report card system for home privileges and weekly phone contact with parents on scores on 7 instruments
isolated/ combination procedures	combination	combination	combination

instrumentation	FOISB - Flexible Observation Instrument for Student Behavior, and a Sociometric questionnaire	Classroom observation (frequency count of target behaviors)	* AML Checklist * Walker Problem Behavior Checklist * Teacher Daily Ratings * Classroom Observations	** Piers-Harris Children's Self-concept Scale ** Sociometric form - Teacher evaluation form of program
follow-up	Observations after 5 months consistent with original findings	NR	NR	
<u>RESULTS</u>	Student-peer interaction increased on both appropriate and inappropriate levels for experimental group. No significant differences between control and experimental groups on individual on-task behavior	Significant decreases in target behaviors were reported for each of the three subjects	* Results based on these instruments indicate improvement within 9 of 12 students. ** Results from other criteria indicate improvement with only 7 of 12 students.	Program overall, well received by teachers
<u>PRACTICAL CONSIDERATIONS</u>	Suggest method to reduce isolation and increase peer interaction between regular and special students	Easy to implement in classroom, helpful in identifying target behaviors	Behaviors not operationally defined, little control for teacher variation, teachers rated program helpful; worse results with more involved students	

TABLE 1

Published Research Utilizing Behavior Disordered Adolescents

Author/s	Polsgrove, Reith, Friend, & Cohen, 1980	Reith, Polsgrove, Semmel, & Cohen, 1980	LaNunziata, Hill, & Krause, 1981
SUBJECTS			
number and sex	6 subjects sex NR	1 Female	(only adolescent data considered) 4 Males
age and/or grade	15-18 years	15 years	8.8-12.8 years grades 4-7
label/ (criteria)	chronic learning and behaviorally disordered (NR)	behaviorally disordered (NR)	behaviorally disordered (NR)
academic/ behavioral information	NR	WRAT: Second grade level reading & math	math grade levels 1-7 social skill deficits in at least 2 areas of SSSC
DESIGN			
type	ABAB	ABAB	ABAB
independent/ dependent variables	The effect of various instructional procedures (listening, silent rehearsal, corrective feedback, and grade contingency), on percentage of correct responses, rate of correct	Effect of five additional minutes of a modeling - imitation teaching approach on the acquisition and maintenance of reading vocabulary words	Effect of direct systematic teaching of social skills through social modeling and written contracts on the percentage of distractions ignored during 30 minute class

	reading responses per minute, and percentage of comprehensive questions answered correctly		sessions and on percentage of neat papers handed in daily
isolated/ combination procedures	combination	isolated	combination
instrumentation	Error count	Word count	Classroom observation (frequency count of target behaviors)
follow-up	NR	NR	NR
<u>RESULTS</u>			
	The instructional interventions utilized independently had little effect on the dependent variables. However, when reinforcing contingencies were arranged, 5 out of 6 students showed improvement	Marked increase in identifying the vocabulary words was recorded when increased instructional time implemented	Both target behaviors increased during the intervention period
<u>PRACTICAL CONSIDERATIONS</u>			
	Different students used to test different techniques; techniques efficient and easily implemented	Practical technique if volunteers or tutors available	Easy to implement, limited time demands

TABLE 1

Published Research Utilizing Behavior Disordered Adolescents

Author/s	Lebock & Salzberg, 1981	Schloss, Kane, & Miller, 1981	Maier, 1982
SUBJECTS			
number and sex	1 Male 1 Female	2 Males 1 Female	11 Males 7 Females
age and/or grade	14-15 years	13-14 years	15-18 years
label (criteria)	behaviorally disordered (NR)	behaviorally disordered (NR)	socially maladjusted and emotionally disturbed (New Jersey special ed guidelines)
academic/behavioral information	NR	Normal intelligence (scores NR)	Average intelligence (scores NR); problem behavior (e.g., task incompleteness, aggression, absenteeism, failing grades)
DESIGN			
type	Multiple baseline across behaviors, subjects	Multiple baseline across subjects	Randomized pre-post no control
independent/dependent variables	Effect of a combination of role play and reinforcement procedures (conducted in an out-of-class setting) on denial responses talking back, and verbal reaction.	Effect of a comprehensive motivational and skill training approach (1. increase satisfaction of school attendance, 2. decrease satisfaction of staying home,	Compared effects of subjects as cross-age tutors, receptors of peer tutoring, and receptors of group counseling on subjects academic performance, number of disciplinary

	Generalization of these effects to classroom setting was also measured	3. teach skills which enhance ability to benefit from school attendance) on increasing school attendance	referrals, and school attendance
isolated/ combination procedures	combination	combination	
instrumentation	Behavior observations	Observations (frequency of school days in attendance) School developed assessment questionnaires	Official school records
follow-up	3 week follow-up effects maintained	results maintained for remainder of school year	10 week follow-up results stable
<u>RESULTS</u>			
	All 3 behaviors decreased significantly and the appropriate behaviors did generalize to the classroom setting	Increase of school days attended per week to 100%	Students acting as cross-age tutors significantly improved on some grades, reduced absenteeism, and discipline referrals
<u>PRACTICAL CONSIDERATIONS</u>			
	Time-consuming; requires one-to-one, extra personnel	Requires truant officer, parent and teacher cooperation; procedures lacked specific description	Promoted social as well as academic skills, helped tutee as well as tutor, manageable program for classrooms

Note: NR=not reported

What are the reported results and practical considerations?

Positive relationships between independent and dependent variables were reported in 6 of the studies (LaNunziata et al., 1981; Lebsock & Salzberg, 1981; Platt & Kroth, 1979; Reith et al., 1980; Schloss et al., 1981; Waksman, 1979). Polsgrove et al. (1980) also reported positive findings, but noted them to be manifest only after the introduction of reinforcing contingencies. Prior to that point the original intervention had little effect on the target behavior. Mixed results were reported for the two group experimental designs (Maher, 1982; Slavin, 1977). Slavin found no significant difference between control and experimental groups in terms of individual student on-task behavior, but reported a definite increase in peer interaction by members of the experimental group. Interestingly, the increase applied to inappropriate as well as appropriate peer interactions. Maher (1982) indicated that when behaviorally disordered adolescents used as cross-age tutors were compared with behaviorally disordered adolescents who were recipients of peer tutoring or group counseling, cross-age tutors significantly improved some academic grades (social sciences and language arts), and decreased absenteeism and disciplinary referrals. However, academic grades in the area of math were not significantly different across groups.

From a practical standpoint, most of the studies included specific operationally defined target behaviors. More than half advocated techniques which can be incorporated into a classroom routine with relative ease. However, additional detail would be required to replicate the combination procedures employed in the majority of the studies. In general, the reported investigations focused on relevant behaviors and skills of importance to effective programming for secondary behaviorally disordered students.

DISCUSSION

Quantity

It is generally assumed that in order to determine effective teaching practices, carefully designed predictive, experimental research must be used. Based on the results of this review, the number of quality data based interventions available to teachers of secondary emotionally handicapped students and to program planners is limited. This must be a hindrance to individuals seeking to implement proven techniques. Additional sources and improved research would help to rectify this situation.

An additional source of information for the research consumer may be data from doctoral dissertations. As mentioned earlier, a number of dissertations appearing to meet the criteria for inclusion in this study do exist. Assuming dissertations are not written only to demonstrate proficiency in the areas of research and writing but also to make practical contributions to the field of education, a better method of disseminating their results is advisable. Possibly, abstracts of selected dissertations could be included in journals so educators could be made more aware of the availability of relevant information. An advantage of increasing the availability of information from dissertations is that, generally, the techniques used are described in great detail, thus increasing their usefulness to the consumer.

Characterization of subjects

When using the professional literature, educators are likely to be interested in interventions appropriate for use with students they teach. Therefore, it is critical

that characteristics of subjects in studies are reported in detail; specific descriptions of subjects included in a study assist decisions regarding generalizability. General demographic information such as sex, IQ, label for handicapping condition, academic and behavioral information, and both age and grade ranges should always be reported. Largely, the reports included in the present study have done this. Of equal importance, yet less frequently noted, is information on specific criteria and instrumentation to obtain a clear picture of subject characteristics. Considering the diversity in definitions, labels, and eligibility standards from state to state, specification of which state guidelines were used would have strengthened the merit of individual investigations. Additionally, because subjects serve as their own controls in single subject research, intra-individual differences are of greater concern than inter-individual variations, and delineation of specific tests utilized to determine intellectual or behavioral functioning is warranted. More detailed descriptions of subjects, in addition to helping the consumer, are also of use to researchers in replicating studies.

Designs

The predominant use of single subject designs in the research reviewed seemed appropriate considering that (a) development of strategies for working with emotionally handicapped adolescents is largely in the exploratory/confirmation stage, and (b) more individualized instruction is often provided these students. Furthermore, use of single subject designs may allow a more specific analysis of the type of student with whom an intervention is effective.

Studies whose design included return to baseline with reinstatement of the treatment condition, multiple baselines, or randomization and careful control represent the more convincing evidence of a functional relationship between the treatment and the observed changes in behavior. Failure to include a control group or reversal phase as demonstrated in 2 of the studies seriously limits the degree to which behavior change can be attributed to the specific treatment procedures used. In order to separate out the effects of a single intervention, only one independent variable at a time should be changed. Change in several variables in one condition precludes the possibility of identifying which strategies produced specific results (Tawney & Gast, 1984).

That only 4 of the 9 studies reported follow-up data is not encouraging. Obviously, a goal of education is to produce long range, positive effects. It is therefore critical that assessment of long-term effects of intervention becomes standard procedure in educational predictive research. There are several formidable obstacles to follow-up including cost, dropout of subjects, and confidentiality. However, generalization and maintenance of the effects of an intervention following termination of the contingency is an important question relative to the effects of behavioral interventions. Failure to provide objective, repeated, and long-term follow-up information made it difficult to determine the long-term effects of strategies employed in several of the research studies under analysis.

Practical Knowledge

Generally the results of the studies using secondary behaviorally disordered students indicate use of various types of planned, systematic reinforcement to have merit in classrooms serving similar students. Reinforcement is a technique readily available to teachers if the appropriate reinforcer can be established and judiciously used. Evidence of a trend toward encouraging active student involve-

ment in the determination of areas of change, rewards, and strategies was presented by 3 of the studies analyzed here (Platt & Kroth, 1979; Slavin, 1977; Waksman, 1979). If one accepts the period of adolescence as critical to developing autonomy, this trend is positive. It is an indication that consideration is being given to the characteristics of the adolescent learner.

Also encouraging is the discovery that direct teaching of social skills with adolescents is under investigation (LaNunziata et al., 1981; Schloss et al., 1981). This may indicate potential for acceptance of social skills training as legitimate concern within the academic setting serving behaviorally disordered students. The fact that terms such as *emotional* and *behavioral* are commonly used descriptions of the problems experienced by this population is indicative that development of social skills should be a focus of intervention.

In an earlier review of research literature on the behaviorally disordered, Lakin (1983) expressed concern that academic progress of behaviorally disordered students of any age was rarely a dependent variable, the primary focus being upon classroom behaviors. Much research using adolescent behaviorally disordered students does focus on behaviors which impede or enhance learning; however, the academic skills of these students have also received attention. Studies by Polsgrove et al. (1980) and Reith et al. (1980) targeted highly specific reading behaviors and a third study (Maher, 1982) chose the more general area of academic grades. While management of behavior in the classroom is a concern, the teaching of academic skills must also be a priority.

SUMMARY

It is easier, and certainly safer, to critique and review research than it is to carry it out. There is a need to organize and scrutinize research but at the same time a need to support the efforts of those conducting experimental studies. The writers of the studies reviewed here should be commended in their attempts to increase the knowledge base for serving the behaviorally disordered adolescent. Most of the studies reviewed have a high degree of practical merit and contribute to the relatively sparse research on interventions for this population.

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APPENDIX

Academic Therapy
 Adolescence
 Behavioral Disorders
 Exceptional Children
 Exceptional Education Quarterly
 Journal of Applied Behavior Analysis
 Journal of Applied Behavior Science
 Journal of Classroom Interaction
 Journal of Educational Psychology
 Journal of Precision Teaching
 Journal of School Psychology
 Journal of Special Education
 Learning Disability Quarterly
 Psychology in the Schools
 Severe Behavior Disorders of Children and Youth
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A Survey of State Definitions of Behavioral Disorder: Implications for Adolescent Programming

Richard White, John Beattie, and Terry Rose

ABSTRACT

This research explores the current definitions of behavioral disorders utilized by the states. In particular, the study explores the degree of state adherence to the definition provided by the regulations for Public Law 94-142. The study is pertinent given the recent publication of a position paper by the Council for Children with Behavioral Disorders which urges adoption of the term behaviorally disordered in place of the term seriously emotionally disturbed. The definitions were analyzed according to 14 components, essentially replicating an earlier study (Epstein, Cullinan, & Sabatino, 1977). Modifications to these components were made to take into account changes since the implementation of PL 94-142. Additionally, preferred labels for this exceptionality were listed and tabulated. Throughout the 50 states, 20 different labels for behavioral disorders are used. Implications and considerations for adolescent programs are discussed.

The definition of behavioral disorders continues to be a dilemma. Different service systems and conceptual approaches have generated differing labels (Hobbs, 1975). Within education, the *seriously emotionally disturbed* definition included in the rules and regulations pertaining to PL 94-142 has come under severe critique and led to proposals for change (Algozzine, Schmid, & Connors, 1977; Grosenick & Huntze, 1980; Kauffman, 1980). The Council for Children with Behavioral Disorders (CCBD) recently has published an official position paper advocating a change in label from the current *seriously emotionally disturbed* term to the term *behaviorally disordered* (Huntze, 1985). A major contention of the position paper is that there is a trend among the states to refer to behavioral rather than emotional status in official terminology.

Since the inception of PL 94-142, state education agencies (SEAs) have developed a variety of terms and related definitions to comply with federal regulations regarding services to children with behavioral disorders (Epstein, Cullinan, & Sabatino, 1977). While these administrative definitions provide little programming information for professionals (Hewett & Taylor, 1980), the definitions do influence eligibility determination decisions and prevalences of children served. The dilemma may also impede effective interagency collaboration. Competing service system definitions are commonly cited as barriers to improved interagency cooperation (Elder & Magrab, 1981; Johnson, McLaughlin & Christensen, 1982; McLaughlin & Christensen, 1980).

These concerns have led many states to conduct ongoing reviews of current

definitions of exceptionality areas. To determine state progress since the publication of previous research in this area, a survey of state definitions and related rules and regulations was conducted. The purpose of the study was to describe current state definitions of behavioral disorders, and to compare and contrast existing state terminology and definitions, to compare those results with previous research on this topic, and to discern trends in definition development.

METHOD

To facilitate comparisons with previous research, this study was designed to be a modified replication of an earlier study by Epstein et al. (1977). In that study 11 components of state definitions were identified based on analyses of state definitions at that time and the current status of definitional literature. For this study 14 components have been identified. For the most part the components are quite similar to those in the original work. Some modification has been made to take into account changes related to the implementation of PL 94-142 and progress in the literature. the current federal definition follows:

Seriously emotionally disturbed

- (I) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
 - (a) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
 - (b) An inability to build or maintain satisfactory relationships with peers and teachers;
 - (c) Inappropriate types of behavior or feelings under normal circumstances;
 - (d) A general pervasive mood of unhappiness or depression; or
 - (e) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (II) This term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (Federal Register, 1977).

The federal definition has been used to clarify description of the components of this study.

Components

1. *Chronicity*. This component is unchanged from the original study and refers to problems of long standing. The component is reflected in the federal definition by the phrase "over a long period of time".
2. *Deviation from the norm*. Consistent with Epstein et al. (1977) this component refers to statements that characteristics are "unusual, inappropriate, and inadequate with respect to a standard" such as age-appropriateness or the expectations of others. The phrase "exhibiting characteristics to a marked degree" in the federal definition is evidence of this component. The "severity component" from the original study was integrated with this component for the present study.
3. *Learning/achievement problems*. The component is unchanged from the initial study. The phrases "which adversely affects educational performance" and "(a)

an inability to learn" are examples of this component from the federal definition.

4. *Interpersonal problems.* This component referred to inability to develop and maintain satisfactory relationships with adults and with peers. The phrase "(b) an inability to maintain satisfactory relationships with peers and teachers" is clear evidence of this component from the federal definition.
5. *Intrapersonal problems.* This component is a modification of the "Disorders of Emotion/Behavior" component of the original study. That component was too inclusive and yielded a 100% classification from all analyses. The original definition included behavior disruptive to self and others. This modified component is limited to self-disruptive behavior. Socially disruptive behavior is included under the previous component. The phrases "(d) a general and pervasive mood of unhappiness or depression" and "(e) a tendency to develop physical symptoms or fears associated with personal or school problems" are examples of this component from the federal definition.
6. *Circumstantial/Situational inappropriateness.* This is a new category developed for this study. The component referred to statements that indicated behaviors were inappropriate to the requirements of setting or normal circumstances for that setting. The phrase "(c) inappropriate types or feelings under normal circumstances" from the federal definition is an example of this component.
7. *Inappropriateness across settings.* This component is a modification of wording related to the severity component of the original study. This component refers to inappropriate or maladaptive behavior exhibited across settings or across situations and with different persons. The federal definition does not include such language.
8. *Exclusion of other handicaps.* This component is limited to exclusion clauses in state definitions pertaining to other handicapping conditions recognized under PL 94-142. The phrase from the federal definition "cannot be explained by intellectual, sensory, or health factors" is an example.
9. *Other exclusions.* This component is novel. It referred to exclusions of disabling conditions or classifications not recognized under PL 94-142. The phrase "the term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed" from the federal definition is a prime example of this type of exclusion.
10. *Inclusions.* This component was not recognized in the original study. The component referred to clauses which specified the inclusion of various disabling conditions within the definition. The sentence from the federal definition, "The term includes children who are schizophrenic", is an example of inclusion.
11. *Etiology.* This component is maintained from the original study. The component referred to statements which clearly attribute the classification to some cause or causes. "The problem is organic in origin" would be an example of this component. The federal definition does not include this component.
12. *Prognosis.* This component is replicated. The component referred to futuristic declarations regarding children's potential; for example, the child can profit from special services or the disorder is not necessarily permanent. The federal definition does not include this component.
13. *Special education needed.* This component remains unchanged. The component entails statements which indicate that a child, because of the behavioral disorder, has not benefited from regular education and therefore needs special

services. The federal definition does not include this component.

14. *Certification.* This component is replicated. Clauses that identify required diagnosis from designated individuals such as "an evaluation from a licensed psychiatrist" are categorized within this component. The federal definition does not include this component.

Each state definition was content-analyzed according to the 14 components by two coders. The coders practiced the analysis under supervision of the authors on earlier versions of state definitions that have since been revised. Each coder independently checked whether the component was present or absent from each state definition. Intercode agreement was calculated yielding a percentage of .91. Areas of disagreement were discussed after calculating the agreement percentage. The instances of disagreement between the coders were reviewed by the authors to determine which coder's response should be reflected in the results. The results reflect that determination.

All 50 states responded to the request for their state's rules and regulations for special education. In addition to analyzing the definitions by component, preferred labels for this exceptionality area were listed and tabulated. Any special and/or unique criteria employed by state in an attempt to operationally define this classification were documented by the coders also.

TABLE 1
State Labels

Number	Label
8	Behavior Disordered
7	Emotionally Disturbed
7	Seriously Emotionally Disturbed
4	Emotionally Handicapped
3	Serious Emotional Disturbance
2	Seriously Emotionally Handicapped
2	Socially and Emotionally Maladjusted
2	Emotionally Impaired
2	Behavioral Disorders/Emotionally Disturbed
1	Significant Identifiable Emotional or Behavioral Disorder
1	Personal and Social Adjustment
1	Behavior Handicaps
1	Behavioral/Emotionally Handicapped
1	Severe Behavior Handicapped
1	Socially and Emotionally Disturbed
1	Seriously Behaviorally Disabled
1	Educationally Handicapped
1	Behaviorally Impaired
1	Emotional/Behavioral Disorders
1	Emotionally Conflicted
1	Noncategorical

RESULTS

The states studied employed 20 different labels for behavioral disorders. Behavioral disorders (or behaviorally disordered students) was the predominant label. Labels specific to their state were used by 11 states (Table 1). South Dakota and Massachusetts employ a noncategorical classification system and therefore, do not use a term related to behavioral disorders.

The component analysis results indicated that agreement among states on components related to the Federal definition was greater than for any component in the original study except for the inclusion and exclusion of other handicap components. Low percentages were derived for components that are not incorporated in the federal definition (Tables 2 and 3).

While the component analysis provided evidence of definitional similarity, the analysis of definitional uniqueness noted by the coders provided evidence of dissimilarity. As stated before, South Dakota and Massachusetts are noncategorical. Several states, such as Georgia and Texas, have two categories of exceptionality related to behavioral disorders, one category for mild and one for severe disorders. This reflects the position of Algozzine, Schmid, and Connors (1977) concerning Type I and Type II levels of behavioral disorder. Minnesota stipulates two definitional options for local education agencies to select. The second option is more specific and lengthy. (The second option was included in the component analysis of this study.) Other states, such as Iowa, Nebraska, South Carolina, Utah, and West Virginia, also specify lengthier definitions. These state definitions tend to integrate screening criteria into the definition. The following is a brief summarization of major elements of these expanded definitions:

TABLE 2

Results

Components	Present %	Original %
1. Chronicity	88	38 *
2. Deviation	90	47 *
3. Learning Problems	92	55 *
4. Interpersonal Problems	92	69 *
5. Intrapersonal Problems	84	— *
6. Situational Inappropriateness	84	— *
7. Cross-Setting	18	— *
8. Exclusion/Handicaps	70	37 *
9. Exclusion/Other	54	— *
10. Inclusions	36	— *
11. Etiology	12	16
12. Prognosis	10	8
13. Special Education	40	63
14. Certification	22	35

—New Component

*Component in Federal Definition

Table 3

	Chronicity	Deviation	Learning	Interpersonal	Intrapersonal	Situational	Inappropriateness	Cross-Selling	Excl./Handicaps	Excl./Other	Inclusions	Etiology	Prognosis	Special Education	Certification
Alabama	X	X	X	X	X	X		X		X					
Alaska	X	X	X	X	X	X		X	X	X					
Arizona		X	X	X									X	X	
Arkansas	X	X	X	X	X	X		X							
California	X	X	X	X	X	X	X	X							
Colorado	X	X	X	X	X	X	X							X	
Connecticut			X	X	X	X									
Delaware	X	X	X	X	X										
Florida	X	X	X	X					X	X				X	
Georgia	X	X	X	X	X	X		X	X					X	
Hawaii	X	X	X	X	X	X		X	X						
Idaho	X	X	X	X		X		X	X						
Illinois	X	X	X	X											
Indiana	X	X	X	X	X	X		X	X	X					
Iowa	X	X	X	X	X	X	X	X		X				X	X
Kansas	X	X	X	X	X	X	X		X	X					
Kentucky	X	X	X	X	X			X	X	X				X	
Louisiana	X	X		X	X	X		X	X		X				
Maine	X	X	X			X							X	X	
Maryland	X	X	X	X	X	X		X	X	X					
Massachusetts														X	X
Michigan	X		X	X	X	X	X	X	X	X			X	X	X
Minnesota	X	X	X	X	X	X	X	X	X					X	
Mississippi	X	X	X	X	X	X		X							
Missouri	X	X	X	X	X		X	X	X						
Montana	X	X	X	X	X	X		X	X	X	X				
Nebraska	X	X	X	X	X	X	X		X						X
Nevada	X	X	X	X	X	X		X		X	X			X	
New Hampshire	X	X	X	X	X	X		X	X	X					
New Jersey	X		X	X	X				X						
New Mexico	X	X	X	X		X									
New York	X	X	X	X	X	X		X	X						
North Carolina	X	X	X	X	X	X		X	X					X	
North Dakota	X	X			X	X							X	X	X
Ohio	X	X	X	X	X	X		X	X						
Oklahoma	X	X	X	X	X	X		X	X	X					
Oregon	X	X	X	X	X	X		X							
Pennsylvania	X	X	X	X	X	X		X							X
Rhode Island	X	X	X	X	X	X		X	X	X	X				
South Carolina		X	X	X	X	X		X	X					X	X
South Dakota											X		X	X	X
Tennessee	X	X	X	X	X	X		X			X				
Texas	X	X	X	X	X	X		X	X	X				X	X
Utah	X	X	X	X	X	X			X					X	
Vermont	X	X	X	X	X	X		X							X
Virginia	X	X	X	X	X	X	X	X	X	X					
Washington	X	X	X	X	X	X		X	X	X					
West Virginia	X	X	X	X	X	X			X					X	
Wisconsin	X	X	X	X	X	X	X	X			X			X	X
Wyoming	X	X	X	X	X	X		X							
Fed. Reg.	X	X	X	X	X	X		X	X	X					

1. Examples of discrete characteristics. Utah and Minnesota are examples of states that list discrete characteristics for behavioral components in the definition.
2. Dimensions of behavioral disorder. Iowa, for example, delineates four dimensions or clusters of behavioral disorder within the state definition.
3. Specification of data recording strategies. Frequency, duration, and intensity recording are alluded to within the definition by Minnesota and North Carolina.
4. Intervention prior to screening. Several states, such as Minnesota, North Carolina, and Georgia, require evidence of intervention in the regular education setting before screening may commence.
5. Specification of data domains. For instance, Iowa requires collection of setting data, individual trait data, and behavioral data.
6. Specification of test batteries. South Carolina lists tests to be used. Other states do so also, but usually in a separate section related to screening.
7. Specification of curriculum. West Virginia stipulates that programs for students with behavioral disorders include behavior modification, affective education, and academic instruction.
8. Identification of data collectors. Nebraska specifies persons who must collect data, including parents.
9. Specification of a continuum of service. Most states describe a general continuum of service in the state regulations. A few states such as South Carolina discuss a continuum specific to behavioral disorders.

DISCUSSION AND CONCLUSIONS

Results of the content analysis of state definitions were quite different from the results of the original study by Epstein et al. (1977), especially for those components related to the federal definition. This disparity indicates a definite trend among the states to mirror major components within the federal definition. The federal definition appears to have had substantial impact upon state regulations regarding behavioral disorders. On the other hand, the states demonstrate less support for the specific federal inclusion and exclusion clauses. Criticisms of inclusion and exclusion clauses have been stated in the literature relative to behavioral disorders and other exceptionalities as well (Kauffman, 1980; Myers & Hammill, 1982). These clauses are redundant to stated criteria. They often incorporate antiquated, unclear, and/or nonpreferred terms. Within behavioral disorders, the term *social maladjustment* within the federal definition fits this critique. It is an ill-defined term unrelated to any legal or administrative definition. It has been argued that the term presents an unnecessary restriction and a potential barrier between correctional education and special education (Grosenick & Huntze, 1980; Neel & Rutherford, 1981). This study indicates that states which may feel constrained by the federal definition have ample precedence for discontinuing the social maladjustment exclusion.

The position of CCBD regarding state trends toward more behavioral terminology is supported to a degree. Clearly, states do not conform to the seriously emotionally disturbed label. However, there is still wide variety among states regarding preferred terms.

There is also a trend toward development of additional operational criteria related to those components. The screening sections of state rules and regulations are more clearly tied to and in some cases integrated with the definitions of exceptionality. These trends suggest that states are "tightening" eligibility criteria. The implications of this tightening are not yet clear, however. While these data

indicate that a minority of states employ the adverb "seriously" within their definitions, several participants at the presentation of this study at the National Adolescent Conference, 1984, expressed concern that the tightening was, in fact, leading to services for only the most severely disordered students. Further concern was voiced that this trend, in turn, has led and would lead to an increase of services for the behaviorally disordered in more restrictive environments, even though states currently list the total cascade of service options for this exceptionality area. Any tightening of criteria generally entails fewer students served. The contrast of the relatively conservative federal estimate of need for service (2%) versus those actually served (.91%) indicates a problem of underidentification (USDE, 1984). Will the tightening of criteria exacerbate that problem? And will the trend toward the requirement of intervention in the regular classroom prior to screening provide the long sought opportunity for special educators to provide preventive intervention, especially for adolescents given the particular stressors for that age group? Or will the requirement limit referrals from classroom teachers thereby contributing to the underidentification problem?

Professionals and others concerned about adolescent programs need to insure that the trend toward greater specification takes into account adolescents with behavioral disorders. In particular, any delineation of test batteries must include instrumentation normed on adolescents. Specification of data domains and particular observation strategies must address adolescent behavior. Most important, given these trends and given that adolescents will be exiting the system relatively soon, what are the implications for instructional programming? Should teachers plan remedial intervention with a focus on academic, social-behavioral, and/or vocational development curricula or will the programs begin to reflect that curricula provided to the severely handicapped? The trend toward additional operational criteria in state definitions must facilitate and not constrict attempts to design effective programs for adolescents with behavioral disorders.

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Special Education in France for the Emotionally/Behaviorally Disordered as It Relates to That of the United States

Sharon M. Votel

ABSTRACT

The following study is the result of subjective research conducted in the summers of 1983 and 1984. The purpose was to examine special education for emotionally/behaviorally disordered students in France. This included programming hierarchies and methodology, legal considerations, curriculum, teacher training, research, and philosophy. The goal was to form tentative relationships between France's response to this disabled population and that of the United States, the end result being a radical update of this subject area, and an enlargement over time of this knowledge base.

France, as a modern nation, has an efficient educational system which seems well adapted to the needs of its population. The state controls all functions of regular and special education — curriculum, testing, grading, the awarding of diplomas, licensure, and professional certification — and allocates approximately 17% of its budget to educational expense. The statutory school age is 6 to 16 and attendance through university level is free. Universal examinations are administered periodically throughout a student's academic career, which effectively separates college-oriented from vocationally-oriented individuals. Competition for program slots becomes increasingly more acute as higher academic levels are reached, due in large part to limited funding and to limited societal demands for specific occupations. It is not possible in France to pay tuition and be admitted to a particular program of study. Entrance is determined by competition alone.

The United States, by contrast, is not so rigidly nationalized; it is more flexible in terms of competency, examinations, and admissions. There is also more political and financial interplay. Students are not arbitrarily channeled toward either higher education or vocational training. This results in greater freedom of career choice and greater opportunity for repeating coursework, adapting goals, and still successfully completing educational programs.

Approximately 12 million students attended schools in France in 1982-83, and of these 2.6% or 310,000 were classified as handicapped. Disabled students are expected to submit to the same examination standards as are other pupils, but are allowed one-third more time for completion, technical aide if necessary, and slight modification of age limits.

Three agencies offer placement alternatives for this special population: the Ministries of Education, Welfare, and Health. Of these pupils 70% are found in schools controlled by the Ministry of Education including learning disabled and moderately mentally handicapped youth from socially and economically disadvantaged environments. Within the educational structure, five models exist to program for these students. Improvement classes (*Classes de perfectionnement*) are in elementary schools for students with overall academic and behavioral problems. Adaptation classes (*Classes d'adaptation*) are in elementary schools for learning disabled children. SES (special education sections/*sections d'education specialisee*) provide practical vocational training for secondary students who are failing academically. ENPs (National improvement schools/*Ecoles nationales de perfectionnement*) are physically separate from secondary schools, and are for students whose overall academic and behavioral difficulties necessitate a more restrictive setting. GAPPs (Educational psychologists and assistants groups/*Groupes d'Aide Psychopedagogique*) are multidisciplinary teams housed in both elementary and secondary schools whose function is to detect, prevent, or remediate behavioral and academic problems on site. Such teams can include psychologists, psychiatrists, social workers, psychomotor therapists, and educators but are not fully represented in many schools, mainly because of budgetary restrictions.

Of the handicapped students 27% are found in facilities directed by the Ministry of Welfare. Most are moderately and severely mentally handicapped youth with IQs ranging from 30 to 65; their ages range from 6 to 20.

The Ministry of Health directs special institutions in which 3¼% of handicapped students are educated and rehabilitated. Included here are the physically handicapped, autistic, psychotic, severely neurotic, and antisocial students who are in day-care facilities with auxiliary psychiatric services or in psychiatric hospital wards.

TABLE 1

*Estimated Prevalence of Handicapped Youth in France
and the United States: A Categorical Comparison*

	United States %	France %
Total age 6-19	9.70	12.5 (age 0-20)
Speech impaired	2.52	
Mentally retarded	1.67	4.8
Learning disabled	4.04	
Emotionally disturbed	.80	
Psychotic & behaviorally disordered		2.4
Crippled and other health impaired	.24	3.0
Deaf	.07)	1.0
Hard of hearing	.09)	
Visually handicapped	.07	.4
Deaf-blind and other multihandicapped	.15	.9

DISABILITY CLASSIFICATION

Although concrete definitions for handicapping conditions do exist in France, a universally standard classification system does not. The CTNERHI (National Technical Center of Studies and Research on Handicaps and Maladjustments/Centre Technique National d'Etudes et de Recherches sur les Handicaps et les Inadaptations) in Paris — an academic research facility — provides the most currently available statistical information, illustrated in the following 3 charts.

Table 1 is epidemiologically based showing that the total percentage of the French handicapped population aged 6-19 is significantly higher than that of the United States.

It should be noted that the learning disabled, mentally handicapped, and speech impaired populations are categorically separate in the United States, but within the mentally handicapped group in France. Social problem (*cas sociaux*) students are those who are environmentally at risk rather than categorically dysfunctional (e.g., physical or emotional neglect or abuse at home resulting in delinquency, truancy, gaps in learning). It is likely that the more rigid categorization of learning disabled, mentally handicapped, and speech impaired in the United States augments awareness, identification, and remediation.

Table 2 shows handicapping conditions separated into five categories, and shows only those individuals who are currently enrolled in one of the aforementioned facilities.

Table 3 classifies more generally than Tables 1 and 2 and separates youth from the adult population in terms of handicaps.

TABLE 2
Categorical Division of Handicapping Conditions

	%	%
Physical disability		9.6
visual deficiency	1.2	
auditory deficiency	2.6	
motor disability	3.5	
chronic diseases	2.3	
Mental deficiency		72.2
deep	1.0	
severe	5.0	
moderate	12.2	
mild	54.0	
Psychic troubles		11.4
behavior disorder	9.5	
psychiatric disorder	1.9	
Multiple handicap (without any autonomy)		1.6
Social problem		5.2
TOTAL		100.0

TABLE 3

A Division of the French Handicapped Population by Age

Disability	Under 20 Years	20 to 65 Years
Motor and somatic disability	100,000	700,000
Visually disabled	12,000	65,000
Hearing deficiency	18,000	45,000
Mental disability	770,000	120,000
TOTAL	900,000	930,000

All adult population figures are higher than those of youth except in the *mental deficiency* category. It is likely that the majority of schooled children who are singled out as discrepant are, as adults, easily integrated societally and are functional despite their mild handicaps.

LEGAL FRAMEWORK

France's Orientation Law (*Loi d'Orientation*) of 1975 is very similar to our Public Law 94-142 although the two were composed independently. Their Orientation Law has 50 rules dealing with every area of need. It was written in an economically wealthy era, is supple, broad-based, and permits relatively wide interpretations. It has been upheld all over France.

Both France's and the United States' laws concerning the handicapped mandate least restrictive alternatives, procedures, periodic meetings and revisions, physical and material adaptations when necessary, and parental involvement and consent.

But under France's law, two types of financial aid are available to the families of handicapped and nonhandicapped populations. Family allowances (*Allocations familiales*) are paid to each family — regardless of income — based upon the number of children within that family. Additionally, special allowances (*allocations spéciales*) are provided to families of handicapped children. The sum is based upon the amount of human assistance required to care for the handicapped child (children) at home. The monthly ranged for children under 20 is \$60 to \$140; and for adults, \$300 to \$600.

Thus, France provides family financial assistance to every child, handicapped or otherwise, openly promoting family growth; this is due in part to the dramatic population decline in World War II. The United States has no similar feature.

The Orientation Law in France created departmental commissions to work with the disabled and their families in assessing educational, work, and supplementary service needs, and in managing regular and special money allocations. Each of France's 99 departments (comparable to the U.S. state divisions), regardless of size, has two commissions for this purpose.

The CCES (District Center of Special Education/*Centre de Circonscription d'Education Spécialisée*) regulates mild and moderate cases, substantiating alternative placements when students need something more specific than regular education can provide. It becomes involved if the handicapped condition is detected at birth or if a school refers a student who is having a problem that cannot be effectively resolved in that academic setting.

The CDES (Special Education Department Center/*Centre Départemental d'Education Spécialisée*) is mainly responsible for determining what type of least restrictive alternative is appropriate for a particular individual, and becomes

involved when regular education options have been tried and exhausted, and removal to another facility is necessary. These two commissions are ruled jointly by department heads of the Ministries of Education and Welfare, who annually rotate administrative control.

Parental agreement is necessary if a student is to be removed from his home school to a more restrictive setting. When there is disagreement (as happens in 10% of the referrals), the law states that a court decision should mandate parental conformity. The child remains in school until the decision has been made.

MAINSTREAMING

Three mainstream models exist in France at the present time. First, the student attends regular classes full time at the request of school administration with the agreement of the teacher, and with material or physical adaptations when necessary. Second, the student may have part regular education classes and part special education classes within his/her school building (e.g., 5 hours regular classes, 1 hour of improvement classes). Class size is reduced to 10 or 15 students and there is strong team support from the GAPP. Third, the student moves between rehabilitation centers or residential facilities and regular or special classes within schools. Interestingly, nonhandicapped students use the same institutional sport, art, and recreational facilities. The aim of this exchange is to promote better social interaction and acceptance among the handicapped and nonhandicapped students.

Within the school system proper, the following integration exists. Nursery schools (*Maternelles*) accept all disabled children ages 2½ to 6 who are walking and who are capable of expressing interest and pleasure in their environment. Those who cannot, receive specialized part- or full-time placement or remain at home. The current population of these nursery schools includes mentally handicapped, physically handicapped, and emotionally/behaviorally disordered children. Primary (*Primaire*) is for students ages 6 to 12; 57% of the handicapped in this age group are the cross-categorical mentally handicapped. Secondary (*Secondaire*) is for students ages 13 to 19. At this level students must be verbal. Included here are motor, hearing, and visually impaired and dyslexic. University level students (*Universitaire*) include the same population range as that of Secondary.

The mainstream concept is highly controversial in France, perhaps more so than in the United States although both countries have populations for whom the least restrictive alternative is in fact very restrictive. Mainstreaming is viewed as a new uncertain ideal, provoking passionate efforts from some and hostile response from others. Regular education teachers continue to protest the presence of discrepant youth within their classes, and teacher training institutions continue to modify curriculum in an attempt to increase acceptance, tolerance, and expertise in working with handicapped students. The novelty of the mainstream concept in France has resulted in myriad models and definitions, which in time will have to be evaluated and standardized to be more effective.

The future of mainstreaming in France is uncertain. Officials are much concerned that efforts to maintain handicapped students are resulting in decreased acceptance and increased hostility toward them by the general population.

LABELING

Labeling is equally difficult, a necessary antecedent to state funding but a harmful and sometimes irreversible stigma. France places more emphasis on the total individual, attempting to treat the whole person within his/her varied environ-

ments. The French abhor the idea of segregation from regular school. If a student is failing academically, it is postulated that this failure has an affective base with which educators and the authorities can work. If the underlying problem is remediated, the student can be successfully reintegrated. The United States attempts to address a specific deficit — regardless of extenuating circumstances and acknowledging inability to remediate all aspects of that person's life — even when very problematical.

TEACHER TRAINING

The curriculum for regular education teachers juxtaposes information from varied human sciences, offers pedagogy and practice which communicate to students a love for life and learning, and imparts a strong sense of professional identity and dynamism to its followers. Increasing numbers of discrepant students within regular classes have brought about a modification in training institutions to include a third year of developmental psychology and a general overview of handicapping conditions.

Individuals can teach at the preschool/elementary primary cycle (*Cycle Primaire*) if they possess a baccalaureate degree which is the equivalent of America's high school diploma plus one year of college. The average monthly salary at this level is \$840. Secondary cycle (*Cycle Secondaire*) teachers at secondary and university levels must have 3 years' experience plus additional years of university coursework. Monthly salaries at this level average \$1200.

Special education licensure in France is called the GAEI, the Certificate of Aptitude to Teach the Maladjusted (*Certificat d'Aptitude d'Education Inadaptee*). Requirements include the baccalaureate degree, 5 years of regular teaching experience, plus 2 years of additional study at special regional centers in one of four areas: motor, sensorial, behavioral, or mental. One year is theory-based, the second practical application and thesis preparation. The certificate is more cross-categorical than that of the United States (e.g., sensorial would include auditory and visual handicaps, and mental would include speech and learning disabilities).

A common teaching technique for special education is called reeducation. It focuses both on the integral development of the individual and the changing environments in which he/she functions. Reeducateurs (those who teach in this fashion) attempt to develop within the student confidence in the future, acceptance of societal laws, perseverance in goal attainment, and faithfulness to choice.

There is currently a deficit of qualified special educators in France, primarily due to budgetary limitations on the number trained, regardless of the need. America's supply seems to vary cyclically, with a current deficit of certified emotionally/behaviorally disordered personnel. This is not due, however, to lack of government funds or space in teacher training facilities. Teaching is a highly competitive field in both cultures; those who choose the profession trade high salary potential for less tangible benefits such as autonomy, love of subject matter, or job satisfaction.

THE SPECIAL EDUCATEUR

The profession of *educateur* originated in France and continues to be widely implemented there. This profession has an extremely global, multispecific knowledge base and is adapted to all types of disability. Educateurs work with handicapped individuals in every area of their lives outside of the classroom, encouraging independence and basing skills training on a developmental learning

approach. Most are found in residential treatment facilities and youth centers. They have the equivalent of a B.S. degree in the United States, with one-third theory (psychology, sociology, psychopedagogy), one-third technical (hand-crafts, art, leisure, sports), and one-third practical application.

The conceptualization and the training of these educator professionals has seen some implementation in the United States as a component of the Re-Ed program in Tennessee.

SEVERAL PLACEMENT ALTERNATIVES OUTSIDE THE REGULAR SCHOOLS

The following three prototypes are only partially representative of alternative placements for handicapped students and are similar to those of the United States. Many are controlled by the Ministries of Health and Welfare. Populations using these facilities are diverse including physically and mentally ill, social problems, and delinquent and adjudicated youth.

Boarding Schools (*Internats*) are residential facilities which combine living, education, and multidisciplinary team therapy. Young people in turmoil are provided a stable environment where they can hopefully learn to reappraise themselves narcissistically, following and succeeding with interventions including social and job skills training, and reeducation through deconditioning. The end goal is resumption of family living and societal integration.

Medical-Psychoeducational Centers (*Medico-Psychopedagogiques*) are state-run centers where children and adults can receive, as outpatients, therapy, reeducation, guidance, remediation of learning disabilities, group support for chemical dependency, and desensitization for phobias.

University Clinics (*Clinics universitaires*) are controlled by the Ministry of Health and are research, theory, and publication adjuncts to medically-affiliated universities. The inpatient population is mostly psychotic and schizophrenic youth who need treatment for a minimum of 7 months.

CURRENT RESEARCH STUDIES

France and the United States have been prolific in research on handicapped youth, but American generates much more research because of its demographic size. There is perhaps more interest on the part of the French in what the United States is doing, for it views America as theoretically and practically far advanced and therefore exemplary. The following studies are representative of current philosophy and research.

Thirty Years of Practice Among Families of Very Difficult Adolescents in a Youth Shelter (Zeiler, Aufrere, & Tomkiewicz, 1981) looked at records of 30 hostile, aggressive, profoundly disturbed adolescents in an attempt to note historical change and to ascertain any noticeable impact that institutionalization had had on their later lives. The goal of 30 years ago had been to maintain adolescents until they could enter the military service or start a career. There has been a large increase of those returning to their families, necessitating more focus upon the resolution of family pathology and conflict. Long term data have shown that four-fifths now have improved family relationships and coping skills; therefore, institutional treatment can be shown to be for the most part beneficial.

Physical and Psychological Cruelty to Mistreated Delinquent Youth (Zeiler, 1982) examined dossiers of 290 child court and Department of Health referrals to a residential semi-boarded house which integrates community work and schooling. An attempt was made to correlate juvenile abuse, criminal involvement, and incarceration to a more frequent concurrence of crime in later adult life. 1970

records showed that only 20% had recurrent crime after leaving the shelter; the 1984 figure has climbed to 59%. No conclusive correlation was claimed, but all adult offenders were shown to have had problem behaviors in adolescence or even earlier. Institutions were urged to communicate unconditional tolerance of all behavior and attempt long-term psychological support with clients.

The Current Status of 1000 Mentally Ill Youth Hospitalized Between 1956 and 1966 (Peraud, Danon-Boileau, & Lab, 1975) questioned 1000 adolescents or parents of adolescents who had received inpatient treatment for mental illness. This longitudinal study focuses on staff effectiveness, treatment choices, relationships with personnel, and difficulties encountered during and after the stay. The emphasis was on academic and vocational preparation, as correlated to current professional success. Academically, one-third earned diplomas, two-fifths had coursework equivalent to high school, three-fifths were employable (most in public services), and one-half received additional training of some type. Psychiatrically, 66% were rehospitalized, 40% returned to hospital wards repeatedly, 51% had some follow-up therapy, and 65% had overall satisfactory results. According to those who conducted this study, earning the baccalaureate is the likeliest guarantee of a professional future. It is recommended that institutions provide professional preparation for their student populations.

Multiplicity of Interventions (Bauer, 1981) focused on adolescents with reactive disorders of a situational nature which result in behavioral problems, academic difficulties, societal and family disruptions. It was hypothesized that multidisciplinary team treatment of such individuals would disturb their psychological well being and impose risks on future functioning. This was not found to be true. Most of the polled students were capable of expressing personal desires and of taking charge of their futures. They appeared to be strangely conforming to actual society, expecting the institutions to mirror the larger social system, to provide limits, attention, and guided autonomy.

Institutional Violence (Tomkiewicz, 1984) is a very informative and interesting discussion of cross-cultural responses to institutional violence. The author noted a great disparity between the United States and France in the amount of research of this type, which he attributed to perceptual differences. He states that:

What distinguishes American from French democracies — given that both commit violent and illegal acts which are ignoble and unacceptable — is the fashion and the ease with which they are described. In America, one speaks . . . describes such atrocities openly and relatively easily . . . while in France, even speaking about them is already considered a sin, an indelicacy, a disagreeable act which places the author at risk of anger and unhappiness. (p. 27)

Tomkiewicz continues by saying that France is very concerned about violence within institutions but that it is treated like a cultural taboo. Federal, public, and private monies are available to United States prevention agencies, whereas in France it remains semi-clandestine, a benevolent endeavor facilitated by minimal resources. He sees the French as much more reserved and protective of their rights to privacy. The ease by which Americans are able to investigate and expose such things seemed humorous to him.

The author was one of three French representatives at a conference in England. He indicated that corporal punishment there is openly admitted. The English "could not understand why slaps distributed freely to the behinds of nobles and middle-class youth could not be equally applied to those of young marginal youth, little thieves, children of lower classes, or immigrants" (p. 32). He stated that one of the participants remarked "an institution for youth without a whip is nothing but an idealistic utopia" (p. 33).

Recent emphasis on child abuse in the United States has been very shocking to the French population. The solution? Several suggestions emerged. Theoretically, be quick to define and catalog violent acts. Codify them, circulate them. Threaten protagonists that continued use of violence will shut them down. Legally, dispel the aura of the right to privacy. Open institutions to public scrutiny. Fight violence with vigilance. Educate the population and advocate for the rights of children.

In retrospect, this writer would like to proffer several subjective observations. Both countries have systemic strengths which offset inherent weaknesses. France's strongly nationalized system mandates uniform attention to all students—handicapped or otherwise—but loses ground in economically unstable times in terms of training of sufficient staff and allocation of adequate materials. Its view of the handicapped person as a unique and individual totality results in a sincere attempt by professionals to regulate all aspects of his/her life. America's absence of rigid nationalization results in broader interpretation of procedure and more creative application of funds, but is more difficult to codify and regulate in a uniform manner. The remediation approach is more problem-oriented, focusing too much attention, perhaps, on pathology.

Both countries have reason to be proud of their respective approaches toward the handicapped. Continuing cross-cultural communication on a much larger scale could be mutually informative and beneficial.

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